

APPLICATION FOR DISTRIBUTOR MEMBERSHIP

DISTRIBUTOR MEMBERSHIP IS AVAILABLE TO BUSINESS ENTITIES IN THE WHOLESALE DISTRIBUTION OF SECURITY HARDWARE WHO MEET THE CRITERIA LISTED AT THE BOTTOM OF THIS PAGE.

The association may require applicants for Distributor Membership to provide satisfactory evidence that they have actually been engaged in wholesale distribution of security hardware for at least two years. Such evidence shall be afforded confidential treatment.

COMPANY _____
 ADDRESS _____
 CITY _____ STATE/PROVINCE _____ ZIP/PC _____
 TELEPHONE _____ FAX _____
 WWW ADDRESS _____ COMPANY E-MAIL _____
 KEY CONTACT _____ TITLE _____ EMAIL _____
 ALTERNATE REPRESENTATIVE _____ TITLE _____ EMAIL _____

☐ I understand that by providing the fax number(s) above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes sent by or on behalf of the Security Hardware Distributors Association

Applicant distributes the following security hardware products:

I hereby certify that the above named company:

- ☐ Has annual sales of security hardware of at least \$750,000;
- ☐ Sells security hardware for resale;
- ☐ Sells at least 50% of its total security hardware business at wholesale;
- ☐ Actively promotes and distributes security hardware through a distributor produced catalog or employs sales personnel calling on customers on a regular basis through telemarketing or personal contact;
- ☐ Sells no more than 20% of its total sales to any one customer or affiliated group of customers.

Territory Covered _____

Annual Dues: Distributor Dues – Based Upon Sales Volume

Circle dues level:

Sales Under \$4 Million	\$600 per year
Sales \$4 Million to \$10 Million	\$800 per year
Sales Over \$10 Million	\$1100 per year
Sales Over \$30 Million	\$1300 per year
Sales Over \$50 Million	\$1500 per year

First Annual Conference Registration Fee	\$395.00
Total	\$ _____

****Two year's dues payable with application.**

Normal Operating Hours (Example: 8:00 a.m. – 5:00 p.m.) _____

Days of Operation (Example: Monday through Friday) _____

Number of Full Time Personnel:

Office	_____
Warehouse	_____
Inside Sales	_____
Outside Sales	_____
Other	_____
Total Employees	_____

List number of retail locksmith customers to whom your company sells: _____

Percentage of Total Sales to your top five customers:	Customer #1	_____ %
	Customer #2	_____ %
	Customer #3	_____ %
	Customer #4	_____ %
	Customer #5	_____ %

Does your company, or do the officers or owners of your company, own or have ownership interest in a retail business selling security hardware or other related products? ☐ Yes ☐ No

If yes: Name _____
Address _____
City, State, Zip _____
Telephone _____

Are these sales included in the Annual Volume to meet SHDA qualifications for membership? ☐ Yes ☐ No

What percentage of your Total Sales are subjected to State Sales Tax? (Example: Sales Tax Sales divided by Total Sales = % - \$250,000 divided by \$1,250,000 = 20%) _____%

What percentage of applicant's sales are to non-owned independent locksmiths for resale to the customer? _____%

Does your company do service work? ☐ Yes ☐ No

If yes, please explain: _____

What percentage of your Annual Sales is your End-of-Year Inventory? (Example: End-of-Year Inventory divided by Total Sales = %) _____%

Please list percentage of total purchases from your top five manufacturers:	Manufacturer #1	_____%
	Manufacturer #2	_____%
	Manufacturer #3	_____%
	Manufacturer #4	_____%
	Manufacturer #5	_____%

Does your company or any affiliated company manufacture any product? ☐ Yes ☐ No

If so, what percentage of your total sales is the manufactured product(s)? _____%

List state licenses held by company or employees: (If none, please indicate.)

Please list ALOA individual membership held by employees or owners (not associate membership):

Name	Member Number	RL/CPL/CML
_____	_____	_____
_____	_____	_____

I understand that this application will be reviewed by the SHDA Membership Committee.

Signature _____ Name _____ Title _____

Telephone _____ Email _____ Date _____

**We appreciate your interest in SHDA, and with this information,
we will see that your application is processed as expeditiously as possible!**

Return Completed Application and Check to:
180 Admiral Cochrane Drive, Suite 370 • Annapolis, MD 21401
Phone: 410-940-6346 • E-Mail: aluckado@shda.org