



Associate Member Application

We hereby apply for membership in the American Hardware Manufacturers Association. As a Manufacturers Agent, we represent the members of the American Hardware Manufacturers Association named below and are, therefore, eligible to membership in accordance with the requirements indicated on the reverse side hereof. Our check for \$550 is enclosed. This is in payment of the \$100 admission fee and the first year's dues of \$450.00. Upon acceptance into membership in the Association, we agree to pay the annual dues, currently \$450, so long as we continue our membership.

The following is for processing this application and for your membership records:

AHMA Members represented:

Company Name 1: _____

Contact: _____

Company Name 2: _____

Contact: _____

Type of Business: _____

Warehouse Facility? Yes No

Van Program? Yes No

In-Store Services? Yes No

Sales Methods Used:

Additional Sales Services:

Company Information

Name of Company: _____

Address: _____

Phone: _____

*Fax: _____

*E-mail: _____

Website: _____

Year Company Founded: _____ Number of Sales Staff: _____

Total Employees: _____

Manufacturers Represented (limit 5) Number of Years Represented

Branch Office(s):

States Covered: _____

Product Lines

- Automotive
- Building Maintenance
- Contract Bldrs. Hardware
- Electrical
- Electronics
- Hardware
- Housewares
- Lawn/Garden
- Paints/Access.
- Plumbing/Heating/Cooling
- Safety Equipment
- Sporting Goods
- Tools
- Other: _____

Customers Served

- Automotive
- Contract Bldrs. Hardware
- Contractor Supply
- Department Stores
- Drug
- Food Stores
- Hardware Stores
- Home Centers
- Mass Merchandisers
- Mill/Industrial Supply
- O. E. M.
- Premium
- Variety
- Wholesalers
- Other: _____

Affiliation With Other Trade Associations or Service Organizations:

* I understand that by providing my company's fax number and e-mail address, I consent to receive promotional communications regarding AHMA programs and services. We will not rent or sell your fax or email address without your permission.

Preparer Signature: _____

Primary Contact Individual Information

Address all communications to undersigned:

Name: _____

Title: _____

Phone: _____

*Fax: _____

*E-mail: _____

Toll Free: _____

Cell Phone: _____

AHMA is in the midst of a major expansion of its programs and services to the hardware/home improvement industry. It is a vital, growing institution dedicated to serving the interests of its members. With each additional stage achieved in our growth and development, we can better contribute to your growth and development.

Dues & Dues Paying Procedures

Admission Fee: \$100 for Associate Membership payable with this application and to be returned if the application is not accepted by the Association. The fee for membership reinstatement is \$100.

Annual Dues: \$450 payable with the application and upon acceptance into membership, annually thereafter in advance.

Check enclosed

Please make check payable to:

American Hardware Manufacturers Association
801 North Plaza Drive
Schaumburg, IL 60173-4977

American Express MasterCard Visa

Credit Card Number: _____

Expiration Date: _____

CVV#: _____

Card Holder Name: _____

Card Holder Address: _____

Signature: _____

Total Fees: _____

For AHMA Use Only

Date: _____ Approval#: _____

Ref#/Chk.#: _____ Amount: _____

