



International Associate Member Application

We hereby apply for membership in the American Hardware Manufacturers Association. We are primarily a manufacturer of hardware, home improvement, lawn and garden, paint and decorating or related products and are therefore eligible for 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. Upon acceptance into membership, we agree to pay the annual dues, currently \$450, for each succeeding year that we continue membership.

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

If you have any questions concerning this application, please feel free to call us at (847) 605-1025.

(Please print or attach your business card)

Company Information

Name of Company: _____

Headquarters Address: _____

Phone: _____
(include area code, country and/or city code if applicable)

*Fax: _____
(include area code, country and/or city code if applicable)

*E-mail: _____

Website: _____

Date Established (Year): _____

Incorporated in the State of: _____

• Product Categories Manufactured by Your Firm:

Hand Tools _____	Lawn/Garden _____
Power Tools _____	Housewares _____
Hardware _____	Paint/Paint Sundries _____
Heating/Cooling _____	Building Materials _____
Plumbing _____	Automotive, Toys/Sports _____
Electrical _____	Other _____

• Product Lines Manufactured (list up to five primary lines):

Product 1 _____	SIC Code _____
Product 2 _____	SIC Code _____
Product 3 _____	SIC Code _____
Product 4 _____	SIC Code _____
Product 5 _____	SIC Code _____

• Specific Products Manufactured:

Total number of employees: _____

(number of employees engaged in your manufacturing activities: _____)

Primary Contact Individual Information

Address all communications to undersigned:

Name: _____

Title: _____

Phone: _____
(include area code, country and/or city code if applicable)

*Fax: _____
(include area code, country and/or city code if applicable)

*E-mail: _____

Incorporated in the State of: _____

Annual Sales (hardlines trade related): If multi-division company, please indicate for AHMA member only.

Dollars/Millions	
(1) Under 5 _____	(4) 26-50 _____
(2) 5-10 _____	(5) 51-100 _____
(3) 11-25 _____	(6) Over 100 _____

Sales Coverage:

(1) Regional _____
(2) National _____
(3) International _____

* 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: _____

• Indicate Full Names of Key Personnel:

Chief Executive Officer: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

Chief Operating Officer: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

Treasurer/Controller: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

Credit Manager: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

IT Manager: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

Chief Sales Executive: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

Chief Marketing Executive: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

Human Resources: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

Export Contact: Name _____ Title _____ Phone _____
 E-mail _____ Fax _____

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 USA

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: _____

