



Membership Application

We hereby apply for membership in the American Hardware Manufacturers Association. We are primarily an American Manufacturer of hardware, home improvement, lawn and garden, paint and decorating or related products handled by the American trade and are, therefore, eligible for membership in accordance with the requirements indicated on the reverse side hereof. Our check for \$700 is enclosed. This is in payment of the \$200 admission fee and the first year's dues of \$500. Upon acceptance into membership, we agree to pay the annual dues, currently \$500, 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

Primary Contact Individual Information

Name of Company: _____

Address all communications to undersigned:

Headquarters Address: _____

Name: _____

Phone: _____

Title: _____

*Fax: _____

Phone: _____

*E-mail: _____

*Fax: _____

Website: _____

*E-mail: _____

Date Established (Year): _____

Incorporated in the State of: _____

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 _____

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 _____ |

• 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 _____

Sales Coverage:

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

• Specific Products Manufactured:

* 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.

Total number of employees: _____

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

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: \$200 for Regular 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: \$500 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: _____

