

NATIONAL ASSOCIATION OF INDEPENDENT LIGHTING DISTRIBUTORS, INC.



DISTRIBUTOR MEMBERSHIP APPLICATION

First Name _____ Middle Initial _____ Last Name _____

Title _____

Company Name _____

Company Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone # _____ Fax # _____ E-Mail _____

Web Site Address _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone # _____

Is the business: Sole Ownership Partnership Corporation Separate Lighting Division

Name(s) of Sole Owner, Partners, or if a Corporation, principal officers and directors. Please list position(s) or title(s).

(To be listed in directory). _____

How long have you been in business? _____ Number of employees _____ Number of locations/branches _____

Name of sponsoring NAILD member (optional): _____

How did you hear about NAILD? _____

What are your expectations for membership? (Check all that apply): Education Networking Other _____

Please select your generational category: 1945 & Prior 1946-1964 1965-1980 1981-Present

What is your company's annual gross revenue? _____

Regular Distributor Membership Category

An applicant, to qualify as a Distributor or Affiliate member in the Association, must:

1. Have a separate professional staff solely dedicated to the selling, stocking & distribution of lighting products; and
2. Maintain in the United States of America or the Dominion of Canada, a warehouse or similar facility in a physical location, zoned for commercial or industrial purposes by the municipality wherein such facility is located; and
3. Not be owned by a division of or financially related to any lighting manufacturer; and
4. Have annual purchases of lighting products from manufacturers, of at least \$250,000.
5. Have paid the required annual dues, as set forth herein, and
6. Be recommended by the Executive Committee.

Membership in the Association is not transferable.

Annual Dues

Dues are payable on a calendar year.

Annual Investment: \$1,150

Membership Application Information Form

The following information is submitted to the NAILD Board of Directors in connection with the application for membership. The information provided by the applicant remains strictly confidential.

1. List personnel from branch locations to receive NAILD literature and inclusion in NAILD Membership Directory. Provide name, title, appropriate address, phone and fax numbers:

Name _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

E-Mail _____

2. Do you maintain, stock & ship inventory from your own warehouse? Yes No

3. Warehouse location: Same as office Same as office but unattached* Different location*

*Please indicate Street Address, City, State _____

4. Square footage of warehouse _____ Square footage of office space _____

5. Percentage of inventory shipped from warehouse stock _____ Percentage of merchandise drop shipped _____

6. Number of: Employees _____ Sales Reps _____ Contract Reps _____ Inside Reps _____

7. Do you market on-line? Yes No Accept Internet Orders? Yes No Credit Card Secured? Yes No

8. Annual Lighting Purchases: Up to 500k _____ 500k—1.5mil _____ 1.5mil-5mil _____ Over 5mil _____

9. Product percentage breakdown and major manufacturer of that product: _____

	\$ Volume	% of total business	
Large Lamp	_____	_____	
Audio/Visual	_____	_____	
Stage/Studio	_____	_____	
Miniature	_____	_____	
Ballasts	_____	_____	
Fixtures	_____	_____	
Other	_____	_____	
		100%	

Lamp Suppliers (list all sources)	
	Acct.# _____
	Acct.# _____
	Acct.# _____
Ballast Suppliers (list all sources)	
	Acct.# _____
	Acct.# _____
	Acct.# _____
Other	
	Acct.# _____
<i>Please include attachment of additional sources if needed.</i>	

I declare that I have read and meet the criteria for membership in the National Association of Independent Lighting Distributors, Inc.. I hereby apply, and understand that I will be billed for dues upon acceptance by the Board of Directors.

Signature of Applicant

Date

ALL FEES MUST BE PAID WITHIN 30 DAYS OF ACCEPTANCE/INVOICE OR PRIOR TO THE ANNUAL CONFERENCE, WHICHEVER COMES FIRST.

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Questions? Please contact NAILD at (609) 297-2216 or at info@naild.org