

NATIONAL ASSOCIATION OF INDEPENDENT LIGHTING DISTRIBUTORS, INC.



▪Associate 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 Page 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? _____

Associate Membership Category

An applicant, to qualify as an Associate member in the Association, must:

1. Have an interest in raising the level of confidence and competence in Light and Lighting either for their company or themselves.
2. Have paid the required annual dues, as set forth herein;
3. Be recommended by the Executive Committee.

Membership in the Association is not transferable.

Initiation Fee & Annual Dues

Dues are payable on a calendar year and will be pro-rated quarterly for new members.

Annual Investment: \$1150.00

\$250 Initiation fee required with completed application

Payable by check or charge by phone—716.875.3670

(over)

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 _____

Complete the following questions that apply to your business:

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 _____

I declare that I have read and meet the criteria for membership in the National Association of Independent Lighting Distributors, Inc.

Signature of Applicant

Date

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