



ASSOCIATE VENDOR MEMBERSHIP APPLICATION

First Name _____ Middle Initial ____ Last Name _____
Title _____ Company Name _____
Company Address _____ City _____
State/Province _____ Zip Code _____ Country _____
Phone () _____ Fax () _____ E-mail _____
Web Page _____
Company Address _____ City _____
State/Province _____ Zip Code _____ Country _____
Phone () _____
Send Mail to: ___ Home ___ Company

Membership Category

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

1. Not be engaged in the business of lighting sales, manufacturing, distributing or hold interest in any company that is engaged in the lighting industry in a way that would qualify under the Vendor or Distributor Membership Categories;
2. Maintain in the United States of America or the Dominion of Canada, a warehouse, office or similar facility in a physical location, zoned for commercial or industrial purposes by the municipality wherein such facility is located;
3. Have been an existing business entity for at least the three (3) full calendar years in the United States or Canada prior to the date of application;
4. Have paid the required initiation fees and annual dues, as set forth herein;
5. Be recommended by the Executive Committee.

Membership in the Association is not transferable..

Fee Schedule

\$1000 - One-time initiation fee required with application.

Annual membership dues are payable on a calendar year.

Annual Investment includes:

Dues, one (1) furnished tradeshow booth, one (1) attendee convention registration at the next upcoming conference.

ANNUAL ASSOCIATE VENDOR MEMBER INVESTMENT

\$4,150.00

(\$5,150.00 with first year initiation fee)

Associate Vendor Membership Application Information Form

The following information is submitted for consideration to the NAILD Board of Directors in connection with the application for membership. The information provided by the applicant remains strictly confidential. **In the event the application is not approved, the \$1000 initiation fee will be promptly refunded.**

1. Is the business: Sole Ownership Partnership Corporation
2. Name/s of Sole Owner, Partners, or if a corporation, principal officers and directors or key personnel. Please list position/s or title/s. (Information to be listed in the annual Membership Directory)
Name _____
Title _____
Company _____
Address _____
City/State/Zip _____
Phone () _____
Fax () _____
E-mail _____
3. Length of Company's time in business _____ years
4. Are you a Manufacturer Assembler Importer Other
5. The major focus of your business: _____

6. I am interested in: Advertising in the NAILD magazine Annual conference sponsorship
 Education sponsorship Making a Light Fair contribution
7. How did you hear about NAILD? _____

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 have enclosed a check for the \$1000 initiation fee, 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.**

THIS COMPLETED APPLICATION MUST BE SUBMITTED ALONG WITH \$1000 INITIATION FEE TO:

NAILD, Inc. • 191 Clarksville Road • Princeton Junction, NJ 08550

Phone: (609) 297-2216 Fax: (609) 799-7032