

NATIONAL ASSOCIATION OF INNOVATIVE LIGHTING DISTRIBUTORS, INC.



**ASSOCIATE DISTRIBUTOR MEMBERSHIP APPLICATION
ANNUAL INVESTMENT: \$1,150**

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.

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

1. Have an interest in raising the level of confidence and competence in Lighting either for their company or themselves;
2. Have paid the required annual dues, as set forth herein, and
3. Be recommended by the Executive Committee.
4. Membership in the Association is not transferable.

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 _____

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? _____ # of employees _____ # of locations/branches _____

List personnel to receive NAILD literature and inclusion in NAILD Membership Directory. Additional staff can be submitted to info@naild.org

Name _____	_____
Title _____	_____
Company _____	_____
Address _____	_____
City/State/Zip _____	_____
Phone _____	_____
Fax _____	_____
E-Mail _____	_____

NATIONAL ASSOCIATION OF INNOVATIVE LIGHTING DISTRIBUTORS, INC.

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

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

*Please indicate Street Address, City, State _____

Square footage of warehouse _____ Square footage of office space _____

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

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

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

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 Innovative 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

NAILD • 191 Clarksville Road • Princeton Junction, NJ 08550 • v (609) 297-2216 • f (609) 799-7032
Questions? Please contact NAILD at (609) 297-2216 or at info@naild.org