

**NATIONAL ASSOCIATION OF INNOVATIVE LIGHTING DISTRIBUTORS, INC.**



**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 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.
7. 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 \_\_\_\_\_

What is your company's annual gross revenue? \_\_\_\_\_

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

Product percentage breakdown and major manufacturer of that product: \_\_\_\_\_

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

<b>Lamp Suppliers (list all sources)</b>	
_____	Acct.# _____
_____	Acct.# _____
_____	Acct.# _____
<b>Ballast Suppliers (list all sources)</b>	
_____	Acct.# _____
_____	Acct.# _____
_____	Acct.# _____
<b>Other</b>	
_____	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 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