



MEMBERSHIP APPLICATION

North American Association of Floor Covering Distributors

Member Information:

Yes our firm would like to join NAFCD as a/an: (Please Check One)

Distributor Manufacturer Manufacturer's Agent Allied Member

Please Type or Print the Following:

Company: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code _____

Country: _____ Phone: _____

Fax: _____ 800 Line: _____

Email: _____

Website Address: _____

Company Representative & Title: _____

Company Information:

Year Business Established: _____ Type of Business: Individual Partnership Corporation

Number of Employees: _____ Main Warehouse Size: _____

Territory Served: _____

Do you act as a cooperative or buying agent for dealers? Yes No

Manufacturers: Please indicate any NAFCD members you distribute through: _____

Name your 3 major suppliers (if applicable): _____

Recommended for membership by: _____

If eligible for membership, our company will work to further the interests of the association and the industry. We will abide by the bylaws and affix our signature herto in testimony of such intent:

Signature: _____ Date: _____

By (Please Print or Type Name): _____

Payment Information:

Annual Membership Dues: Membership year runs from January 1 – December 31

- Distributor Membership (See sales volume table)
- Manufacturer Membership- \$2145.00
- Manufacturer's Agent Membership- \$2145.00
- Allied Membership - \$2145.00

Sales in Millions	Dues
\$0-9.99	\$595.00
\$10-29.99	\$1095.00
\$30-79.99	\$1295.00
\$80-149.99	\$1520.00
\$150 +	\$1745.00

Credit Card: Visa Master Card AmEx

Name on Card: _____ Payment Amount: _____

Credit Card #: _____ Exp. Date: _____

Signature: _____

Remittance Information:

Applications can be faxed to: 312-673-6962, emailed to: info@nafcd.org, or mailed to: NAFCD, 401 N. Michigan Ave. Suite 2200, Chicago, IL 60611