

# HARDI

Heating, Air-conditioning & Refrigeration Distributors International

## CORPORATE WHOLESALE MEMBERSHIP APPLICATION

Any corporate entity involved in the wholesale distribution of HVACR equipment, parts and/or accessories that operates and/or defines the business practice of subsidiary wholesale distribution companies is eligible to make application for Corporate Wholesale Membership. Additionally, said wholesaler shall have completed and can verify the completion of a minimum of one year in business and shall **not** engage in the service or contracting of heating, refrigeration or air conditioning equipment. Membership in this classification ensures delivery of all association related products and services to the corporate and participating subsidiaries and encourages active participation of those executives in the association.

This membership classification provides the following benefits:

- One corporate vote and one vote for each participating subsidiary in good standing in the business of the association
- Participation of one corporate member or subsidiary member as an officer or director at any given time
- Full participation by each subsidiary in all programs and services of the association
- Individual directory listings for corporate and participating subsidiaries including their respective branch locations
- Complete communication of association business to corporate and participating subsidiaries
- In the event the corporation would elect to terminate its membership, the individual subsidiary companies would be eligible for individual Wholesale Membership without the need for reapplication. The current dues schedule for individual Wholesale Membership would apply.

Any individual affiliated with, or employed by, a Corporate Wholesale is eligible to make application, provided such individual is in a position of policy-level management for the applicant company.

Completed applications shall be submitted to the HARDI offices. Upon approval of the application by the Board of Directors and receipt of membership dues, the applicant shall become a member.

Firm's founding date: \_\_\_\_\_ Number of years actively involved in distribution of HVACR products: \_\_\_\_\_

Firm Name: \_\_\_\_\_ # of Locations: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
Street City State/Province Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Policy-level Executive Filing Application: \_\_\_\_\_  
Name Title

E-mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Signature of Applicant (policy-level executive) \_\_\_\_\_ Date \_\_\_\_\_

**How did you hear about the benefits of joining HARDI? (Check all that apply)**

- HARDI website  Current HARDI member referral  
 Viewed a HARDI advertisement  Trade Press - Publication \_\_\_\_\_

It is required that you as an applicant have a HARDI member as a sponsor. This sponsor may also be used as one of your references.

Sponsor's Firm: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

## Wholesale Distributor Company Information

Please indicate your primary business emphasis code(s):

- CS – Controls Specialist
- HY – Hydronic Heating
- REF – Commercial Refrigeration
- HVAC – Equipment & Supplies
- ENG – Engineered Products
- SM – Sheet Metal & Supplies

HARDI provides each member organization with several benefits, please indicate what benefit(s) are most important to you:

- Affiliation with Industry Association
- Advocacy
- Benchmarking and Industry Data
- Education
- Networking/Meetings

## Membership Fees and Authorization

Please remit your completed application and \$100.00 initiation fee. Each applicant understands that if for any reason their application is not accepted by the Board of Directors, the initiation fee will be promptly refunded in full.

HARDI  
Attention: Alyssa Crooks  
445 Hutchinson Ave. Ste. 550  
Columbus, Ohio 43235  
FAX: (614) 345-9161

Credit Card Information:  AmEx  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV # \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Authorized Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Upon approval of our application, the above credit card may be charged for our pro-rated membership dues.

### Corporate Wholesale Annual Membership Dues:

Corporate Fee	\$7,000
Each Participating Subsidiary	\$ 350

*Dues based on HARDI's Fiscal Year – January 1 – December 31. First year dues, excluding initiation fee, are calculated on months remaining in the fiscal year, once the Board of Directors approves the application.*

Under Federal Law, contributions or gifts to HARDI are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses. Dues are deductible as ordinary and necessary business expenses to the extent that they are not utilized for lobbying purposes. Under the Omnibus Budget Reconciliation Act of 1993, HARDI must estimate the percent of dues which will be expended for lobbying and notify members of the amount of their non-deductible dues.  
For Fiscal Year 2018, we estimate this amount to be 6% of your dues.

## Participating Subsidiaries

Please list all participating subsidiaries that you wish to be included in this application, including company name, address, prime contact, etc. Each subsidiary will be individually invoiced for annual dues.

1. \_\_\_\_\_  
(Wholesale Firm Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip Code)

\_\_\_\_\_  
(Prime Contact/Title)

( ) ( )  
(Phone) FAX

\_\_\_\_\_  
E-mail

2. \_\_\_\_\_  
(Wholesale Firm Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip Code)

\_\_\_\_\_  
(Prime Contact/Title)

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(Phone) FAX

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E-mail

3. \_\_\_\_\_  
(Wholesale Firm Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip Code)

\_\_\_\_\_  
(Prime Contact/Title)

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(Phone) FAX

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E-mail

4. \_\_\_\_\_  
(Wholesale Firm Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip Code)

\_\_\_\_\_  
(Prime Contact/Title)

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(Phone) FAX

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E-mail

Participating Subsidiaries (cont.)

5. \_\_\_\_\_  
(Wholesale Firm Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City/State/Zip Code)

\_\_\_\_\_

(Prime Contact/Title)

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(Phone) FAX

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E-mail

7. \_\_\_\_\_  
(Wholesale Firm Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City/State/Zip Code)

\_\_\_\_\_

(Prime Contact/Title)

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(Phone) FAX

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E-mail

6. \_\_\_\_\_  
(Wholesale Firm Name)

\_\_\_\_\_

(Street Address)

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(City/State/Zip Code)

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(Prime Contact/Title)

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(Phone) FAX

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E-mail

8. \_\_\_\_\_  
(Wholesale Firm Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City/State/Zip Code)

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(Prime Contact/Title)

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(Phone) FAX

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E-mail