



Heating, Air-conditioning & Refrigeration Distributors International

INTEGRATED WHOLESALE DISTRIBUTOR MEMBERSHIP APPLICATION

Any wholesale distribution business for HVACR equipment, parts and/or accessories which operates as a subsidiary of a non-wholesaling incorporated business entity such as a manufacturer, mass merchandiser, entity, energy provider, consolidator or e-commerce business, and whose corporate parent maintains Supplier Membership is eligible to make application for Integrated Wholesale Distributor Membership. Additionally, said wholesaler shall have completed and can verify 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. (The corporate parent of the Integrated Wholesale Distributor making application is required to maintain a Supplier Membership in the association to ensure continued interaction with other wholesale distribution members.)

This membership classification provides the following benefits to the Integrated Wholesale Distributor:

- One vote for each participating subsidiary in good standing in the business of the association
- Full participation by each participating subsidiary in all programs and services of the association
- Individual directory listings for corporate and participating subsidiary including their respective branch locations
- Complete communication of association business to corporate parent and participating subsidiaries

Any individual affiliated with, or employed by, an Integrated Wholesale Distributor 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.

Wholesale distributor members in good standing shall have the right to one vote and to all other rights and privileges of membership.

Firm's founding date: _____ # of years actively involved in distribution of HVACR products: _____ # of Employees _____

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 promptly be 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.

Integrated Wholesale Annual Membership Dues:

Integrated Wholesale Division Fee \$7,000

Each Participating Wholesale 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.

HARDI • 445 Hutchinson Ave., Ste. 550, Columbus, OH 43235 • Toll Free: 888-253-2128 • PHONE: 614-345-4328 • FAX: 614-345-9161
www.hardinet.org • E-Mail: acrooks@hardinet.org

Please complete and
sign the attached
*Affidavit in Support of
Application for
Membership in HARDI as
an Integrated Wholesale
Distributor.*

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)

() ()
(Phone) FAX

E-mail

3. _____
(Wholesale Firm Name)

(Street Address)

(City/State/Zip Code)

(Prime Contact/Title)

() ()
(Phone) FAX

E-mail

4. _____
(Wholesale Firm Name)

(Street Address)

(City/State/Zip Code)

(Prime Contact/Title)

() ()
(Phone) FAX

E-mail

Participating Subsidiaries (cont.)

5. _____
(Wholesale Firm Name)

(Street Address)

(City/State/Zip Code)

(Prime Contact/Title)

() ()
(Phone) FAX

E-mail

7. _____
(Wholesale Firm Name)

(Street Address)

(City/State/Zip Code)

(Prime Contact/Title)

() ()
(Phone) FAX

E-mail

6. _____
(Wholesale Firm Name)

(Street Address)

(City/State/Zip Code)

(Prime Contact/Title)

() ()
(Phone) FAX

E-mail

8. _____
(Wholesale Firm Name)

(Street Address)

(City/State/Zip Code)

(Prime Contact/Title)

() ()
(Phone) FAX

E-mail

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR MEMBERSHIP IN HARDI
AS AN INTEGRATED WHOLESALE DISTRIBUTOR**

The undersigned, being first duly sworn on oath states:

1. _____ (“Applicant”) is an applicant for membership in Heating, Air-conditioning & Refrigeration Distributors International (HARDI) in the Integrated Wholesale Distributor member category.
2. The Applicant acknowledges that to qualify for initial, and continuing, membership as an Integrated Wholesale Distributor, the Applicant shall:
 - a. not engage in the service or contracting of heating, refrigeration or air-conditioning equipment,
 - b. be actively and responsibly engaged in business for a period of at least one year,
 - c. be a wholesale distribution business for HVACR equipment, parts and/or accessories which operates as a subsidiary of a non-wholesaling incorporated business entity such as a manufacturer, mass merchandiser, energy provider, consolidator or e-commerce business and whose corporate parent maintains Supplier membership in HARDI, and
 - d. At all times meet the membership criteria.
3. The Applicant is organized under the laws of _____ as
 - A corporation,
 - A limited liability Applicant, or
 - Other entity, (describe) _____and is in good standing in such state.
4. The undersigned states that the Applicant is not engaged in the service or contracting of heating, refrigeration or air-conditioning equipment.
5. The undersigned states the Applicant does not have any ownership or other interest in, or any control over, another entity (e.g., corporation, limited liability Applicant, partnership, joint venture, etc.) which is engaged in the service or contracting of heating, refrigeration or air-conditioning equipment.
6. The undersigned states that the Applicant is (is not) owned or controlled, in whole or in part, by any entity that is engaged in the service or contracting of heating, refrigeration or air-conditioning equipment.

7. The undersigned states that the Applicant shall notify HARDI in writing within ten (10) business days following any changes in the accuracy of any statements in this affidavit. If the facts made in this affidavit subsequently change or are no longer true, or the Applicant ceases to meet the membership criteria, the Applicant acknowledges that its membership as an Integrated Wholesale Distributor member is subject to immediate cancellation.
8. The undersigned states that he or she is authorized to give this affidavit on behalf of the Applicant and has personal knowledge of the facts stated herein.

Signature: _____

Name: _____

Title: _____

SUBSCRIBED and SWORN to before
me this _____ day of _____, 2018

NOTARY PUBLIC