

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, sell to dealer-contractors for resale and shall **not** engage in the residential 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 _____

Application Sponsor: It is required that you as an applicant have a HARDI wholesaler 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

What is your interest in joining HARDI?

HARDI's mission is to make wholesale distributors the channel of choice for HVACR manufacturers and contractors. Tell us how you will fulfill this mission or contribute to this mission.

What HARDI members do you currently have relationships with?

What other industries does your company currently operate in?

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: Brandon Baulo
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)

() _____ () _____
(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

6. _____
(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

8. _____
(Wholesale Firm Name)

(Street Address)

(City/State/Zip Code)

(Prime Contact/Title)

() ()
(Phone) FAX

E-mail

Membership References

Part of HARDI's membership application process to check provided applicant references to verify they meet the requirement as outlined on the application. We prefer current HARDI members, if possible.

Please list manufacturers/suppliers from whom you have purchased materials in the past year:
(HARDI members are preferred)

Company: _____ Address: _____ City/State/Zip: _____ Phone: (____) _____ Contact: _____ Email: _____	Company: _____ Address: _____ City/State/Zip: _____ Phone: (____) _____ Contact: _____ Email: _____
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Company: _____ Address: _____ City/State/Zip: _____ Phone: (____) _____ Contact: _____ Email: _____	Company: _____ Address: _____ City/State/Zip: _____ Phone: (____) _____ Contact: _____ Email: _____
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