



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, sells to dealer-contractors for resale and shall **not** engage in the service or contracting of residential 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?

**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 promptly be 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.

### 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.*

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

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

**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