

HARDI

Heating, Air-conditioning & Refrigeration Distributors International

WHOLESALER/MASTER DISTRIBUTOR MEMBERSHIP APPLICATION

Wholesaler/Master Distributor is any wholesale distribution business for HVACR equipment, parts and/or accessories that has an arrangement under which a manufacturer grants a distributor the right to appoint sub-distributors within a specific geographical trade area. More than 50% of a Wholesaler/Master Distributor's sales are to other distributors within the channel distribution model. The Wholesaler/Master Distributors main role is to grow product offerings as the HVACR industry continuously evolves. Additionally, said Wholesaler/Master Distributor 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.

Any individual affiliated with, or employed by, a 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.

Wholesaler/Master Distributor members in good standing shall have the right to one vote and to all other rights and privileges of membership.

Date Firm's founding: _____ # 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 - Which 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: _____

Wholesaler/Master 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, OH 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.

SCHEDULE OF MEMBERSHIP DUES:

- A. The following schedule of dues, payable upon approval of application, is applicable to gross dollar volume for Heating, Air-conditioning, Refrigeration, Sheet Metal and related accessories for your last completed year. Please exclude sales from plumbing fixtures and equipment and other non-HVACR materials and/or equipment if any.)
- B. If desired, branch office mailings and/or extra mailings to the Member headquarters are available at a minimal fee.

Please mark the appropriate category below:

Gross Dollar Volume (sales of previous year)	Schedule of Dues	√ Category
\$500 million and over	\$5,000.00	
\$250 to 500 million	4,400.00	
\$100 to 250 million	3,900.00	
\$40 to 100 million	2,900.00	
\$15 to \$40 million	2,500.00	
\$5 to \$15 million	1,600.00	
Less than \$5 million	950.00	

Dues are based on HARDI's Fiscal Year which is from 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.

Membership References

Part of HARDI's membership application process is 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 wholesalers through whom you have marketed your materials in the past year:

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