

MIDWEST DISTRIBUTORS ASSOCIATION

MEMBERSHIP APPLICATION

for Wholesalers



MwDA MEMBERSHIP QUALIFICATION

Article III of the Midwest Distributors Association by-laws states: ACTIVE MEMBERS: An active member is defined as a proprietorship, partnership or corporation primarily engaged in wholesale distribution for a period of not less than one year, of plumbing, or heating, or cooling products, and/or pipe, valves and fittings in the United States, its territories, and Canada, and providing such wholesale distribution functions as maintaining and owning a diversified inventory of industry products, breaking bulk shipments, providing delivery services, extending credit to diversified and varied customers and providing sales and technical assistance to suppliers and to diversified and varied customers.

Membership in the Midwest Distributors Association (MwDA) and the American Supply Association (ASA) will be granted according to these criteria.

The undersigned hereby applies for a non-transferrable membership in the Midwest Distributors Association (MwDA) and the American Supply Association (ASA), and, if accepted, agrees to comply with all of the provision of the by-laws of the Association(s).

1	<h2><u>COMPANY INFORMATION</u></h2> <p>Please PRINT or TYPE. All correspondence will be sent to the individual at the address listed below.</p>
COMPANY NAME _____	
MAILING ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
STREET ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
CONTACT NAME _____	
E-MAIL _____ DIRECT PHONE _____ DIRECT FAX _____	
GENERAL PHONE _____ GENERAL FAX _____ WEBSITE _____	
THIS FORM WAS COMPLETED BY:	
SIGNATURE _____ PRINT NAME _____ DATE _____	

2	<h2><u>CONTACT NAMES (optional)</u></h2> <p>The individuals listed below will be included in the Membership Directory/Resource Guide. Make additional copies of this form if needed.</p>
NAME _____ TITLE _____	
E-MAIL _____ PHONE _____ <input type="checkbox"/> Check here if individual should receive correspondence.	
NAME _____ TITLE _____	
E-MAIL _____ PHONE _____ <input type="checkbox"/> Check here if individual should receive correspondence.	
NAME _____ TITLE _____	
E-MAIL _____ PHONE _____ <input type="checkbox"/> Check here if individual should receive correspondence.	

FOR ASA USE ONLY

Date Received: _____ Check Number: _____

Acknowledged: _____ Processing Completed: _____ Follow-up: _____

MIDWEST DISTRIBUTORS ASSOCIATION
 222 Merchandise Mart Plaza, Suite 1400, Chicago, IL 60654
 PHONE: (312) 464-0090 • FAX: (312) 464-0091
 E-MAIL: info@mwda.net • WEBSITE: www.mwda.net

Please continue to next page

DUES STRUCTURE

Payment for Annual Dues must accompany this application. **Proration of dues will appear on second year's notice for those joining mid-year.** (Fiscal year: January 1 through December 31.)

Dues, contributions or gifts to MwDA and ASA are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.

3 ANNUAL DUES		ANNUAL DUES	
<u>ANNUAL SALES VOLUME</u>	<u>MEMBERSHIP DUES</u>	<u>ANNUAL SALES VOLUME</u>	<u>MEMBERSHIP DUES</u>
<input type="checkbox"/> Less than \$1M	\$ 495	<input type="checkbox"/> \$25M to \$50M	\$2,155
<input type="checkbox"/> \$1M to \$2M	\$ 540	<input type="checkbox"/> \$50M to \$125M	\$2,810
<input type="checkbox"/> \$2M to \$5M	\$ 720	<input type="checkbox"/> \$125M to \$250M	\$3,510
<input type="checkbox"/> \$5M TO \$10 M	\$1,065	<input type="checkbox"/> \$250M TO \$500M	\$4,680
<input type="checkbox"/> \$10M to \$15M	\$1,595	<input type="checkbox"/> \$500M and over	\$5,795
<input type="checkbox"/> \$15M TO \$25M	\$1,770		

Please make check payable to Midwest Distributors Association (MwDA).

CONFIDENTIALITY NOTICE:
This information will be held in the strictest of confidence and will not be made available to any individual or organization outside of American Supply Association (ASA) and Midwest Distributors Association (MwDA) headquarters.

4 BUSINESS INFORMATION

The following is submitted for consideration by the Board of Directors in connection with the application for membership.

- Is your Business a: Sole Ownership Partnership Corporation
- How long has the business been operated under the present ownership? _____ YEARS
- Please indicate your total number of employees: _____ EMPLOYEES
- Indicate the wholesale lines regularly sold and the percentage of total sales

Air Conditioning _____ %	Mill Products _____ %	Pipe, Valves, Fittings _____ %
Electrical _____ %	Plumbing Supplies _____ %	Pumps, Well Supplies _____ %
Heating, Hydronics _____ %	Solar Heating/Cooling _____ %	
- How many branches do you maintain from which sales are made, stock maintained and from which merchandise is distributed to customers? _____ NUMBER OF BRANCHES
- Do you maintain a retail store? YES NO (if no, please go to Question #10)
- Are the retail and wholesale businesses kept and run separately? YES NO
- What percentage of your sales are retail? _____ %
- Do you maintain a showroom? YES NO
- Do you perform, directly or indirectly, the functions of a plumbing and/or heating-cooling contractor? YES NO

MEMBERSHIP DIRECTORY INFORMATION

5 BRANCH LOCATIONS (optional)

Please list below your Branch Locations. The locations listed below will be included in the next edition of the Membership Directory/Resource Guide. Make additional copies of this form if needed.

COMPANY NAME _____ DIVISION OF _____

NAME _____ TITLE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____ FAX _____

Check here if individual should receive correspondence.

COMPANY NAME _____ DIVISION OF _____

NAME _____ TITLE _____

MAILING ADDRESS _____

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