



# Application for Supplier Membership

NATIONAL ASSOCIATION OF FIRE EQUIPMENT DISTRIBUTORS

If you have any questions, feel free to call us at (312) 461-9600.

To be eligible for supplier membership, applicant shall not be eligible for distributor membership and shall provide products or services to NAFED's distributor members. Supplier members **DO NOT** have the right to vote, hold office, or attend any closed-door business meetings of the distributor members. The supplier membership fee is \$550 U.S. annually. **\*\*\*A full year's membership fee of \$550 U.S. must be included with your application—your second year's membership fee will be prorated relative to the month you are accepted.\*\*\***

## Company Information

Company Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Main Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
(this person will receive all NAFED mailings)

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

## Legal Form of Business

If your organization is a Corporation, please list the names of the officers:

President \_\_\_\_\_

Vice President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

If your organization is a Partnership, please list the names of all partners \_\_\_\_\_

If your company is a Sole Proprietorship, please list the owner's name \_\_\_\_\_

## Additional information

Please list the products and/or services (to be) supplied to NAFED distributor members \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

For official use only: join date \_\_\_\_\_ membership # \_\_\_\_\_

# CHECKLIST

Prior to returning your application to NAFED, please make sure that you have completed all of the following parts of the application process.

- Complete and include page 1
- Include a payment of \$550 U.S. by check or credit card
- Address and mail **OR** fax this application to:

NAFED  
Attn: Membership Department  
180 N. Wabash Ave., Suite 401  
Chicago, IL 60601

Fax (312) 461-0777

## Payment Method

**CHECK ENCLOSED** (payable to NAFED)

**AMEX**

**VISA**

**MASTERCARD**

---

**ACCOUNT NUMBER**

---

**SIGNATURE**

---

**NAME ON CARD**

---

**EXPIRATION DATE**