

MEMBERSHIP DATA

Company Name: _____ DBA Name: _____
 Owner's Name: _____
 Primary Contact: _____ Title: _____
 Sales Mgr: _____ Operations Mgr: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Founding Year: _____ # of Employees: _____
 Bus. Phone: _____ Ext.: _____ Fax: _____
 Website: _____ E-mail: _____
 Number of Branch Locations: _____
 Branch Information: 1. _____
 Branch Information: 2. _____

Please list store name, address, phone and store manager. If more than two branch stores, please list on separate page.

TYPE OF STORE:

(CHECK ONLY ONE that best describes your business) If multiple store types, please copy & submit for each type.

- Full Line Casual Dining Leather
 Bedding Consignment Flooring Office
 Accessory/Gift Contemporary Interior Design Other _____

DUES SCHEDULE:

Please total annual sales of all locations to determine your dues category. A full year's dues are required upon application for membership in HFA.

<u>Annual Sales</u>	<u>Dues</u>	<u>Annual Sales</u>	<u>Dues</u>
Below \$500,000	\$495	Below \$3 Million	\$1,295
Below \$700,000	\$595	Below \$5 Million	\$1,695
Below \$1 Million	\$695	Below \$10 Million	\$1,795
Below \$2 Million	\$995	Over \$10 Million	\$1,795 + \$38/million <i>(Dues capped at \$2,500)</i>

Tier 1 HFA Buying Source membership included in dues above

Tier 2 – HFA Buying Source membership \$3,000

Tier 2 option includes annual HFA membership dues regardless of annual sales volume

MANUFACTURER REP:

\$175 Manufacturer's Rep/Individual (IHFR member rate \$50)

YOUR ANNUAL DUES ARE:

\$

For income tax purposes member dues paid to HFA are deductible as a business expense. However HFA estimates that 10% of all dues paid are utilized for lobbying expenditures and are considered non-deductible for tax purposes. Please consult your tax advisor.

PAYMENT:

Check Enclosed: *Send to: Home Furnishings Association, 500 Giuseppe Ct, Suite 6, Roseville, CA 95678*

Bill my credit card: (check one) MasterCard Visa

Card #: _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____ City _____ State/ _____ Zip _____

TERMS OF AGREEMENT:

The undersigned hereby applies for membership in the Home Furnishings Association (HFA) and accordingly, (1) designates the individual named above as the official representative in the member's relations with HFA (2) agrees to prepay annual dues in accordance with the current published dues schedule, and (3) agrees to pay for purchases of products or services upon presentation of invoice. It is further understood that: (1) first year's dues are not refundable, (2) cancellation of membership must be given in writing and is effective upon receipt by either Association, and (3) termination of membership does not alleviate member from responsibilities of unpaid obligations owed to HFA. Each member of the HFA receives a monthly subscription of the association publication, *RetailerNOW* (published monthly except March and December), and is valid for three years. Check here to opt out of your free subscription to *RetailerNOW*. HFA will periodically email and/or fax program news and updates Check here to opt out of fax correspondence. Check here to opt out of email correspondence.

Signature of Designate, Partner or Owner

Date