



HEATING AIR-CONDITIONING REFRIGERATION DISTRIBUTORS INTERNATIONAL

INTEGRATED WHOLESALER MEMBERSHIP APPLICATION

Date: _____

APPLICANT INFORMATION

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.)

Date of founding: _____ # of years actively involved in distribution of HVACR products: _____

Firm Name: _____ # of Locations: _____

Firm Address: _____
Street City State/Province Zip

Primary Contact: _____ Phone: _____ Fax: _____

E-mail Address: _____ Web Address: _____

COMPANY INFORMATION

Please indicate your primary business emphasis code(s):

CS - Controls Specialist

REF - Commercial Refrigeration

ENG - Engineered Products

HY - Hydronic Heating

HVAC - Equipment & Supplies

SM - Sheet Metal & Supplies

PARTICIPATING SUBSIDIARIES

1. _____
Wholesale Firm Name

_____ Street Address

_____ City/State/Zip

_____ Prime Contact/Title

_____ Phone _____ Fax

_____ Email

2. _____
Wholesale Firm Name

_____ Street Address

_____ City/State/Zip

_____ Prime Contact/Title

_____ Phone _____ Fax

_____ Email

3. _____
Wholesale Firm Name

_____ Street Address

_____ City/State/Zip

_____ Prime Contact/Title

_____ Phone _____ Fax

_____ Email

4. _____
Wholesale Firm Name

_____ Street Address

_____ City/State/Zip

_____ Prime Contact/Title

_____ Phone _____ Fax

_____ Email

PARTICIPATING SUBSIDIARIES (CONT.)

5.

Wholesale Firm Name

Street Address

City/State/Zip

Prime Contact/Title

Phone _____ Fax _____

Email _____

6.

Wholesale Firm Name

Street Address

City/State/Zip

Prime Contact/Title

Phone _____ Fax _____

Email _____

7.

Wholesale Firm Name

Street Address

City/State/Zip

Prime Contact/Title

Phone _____ Fax _____

Email _____

8.

Wholesale Firm Name

Street Address

City/State/Zip

Prime Contact/Title

Phone _____ Fax _____

Email _____

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, the initiation fee will promptly be refunded in full.

SCHEDULE OF MEMBERSHIP DUES:

HARDI's 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.)

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.

MEMBERSHIP DUES:

Corporate Fee	\$7,125
Each Participating Subsidiary	\$375

MEMBERSHIP REFERRAL

Were you referred by a current HARDI member? (Please be sure to let us know if so in order for us to recognize them)

Yes No If yes, which member: _____

Do you know any other organizations that might be interested in HARDI membership? _____