



HEATING AIR-CONDITIONING REFRIGERATION DISTRIBUTORS INTERNATIONAL

## CORPORATE WHOLESALER MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

### APPLICANT INFORMATION

Any corporate entity involved in the wholesale distribution of HVACR equipment, parts and/or accessories that operates and/or defines the business practice of subsidiary wholesale distribution companies is eligible to make application for Corporate Wholesale Membership. Additionally, said wholesaler shall have completed and can verify the completion of a minimum of one year in business, sell to dealer-contractors for resale and shall not engage in the residential service or contracting of heating, refrigeration or air conditioning equipment. Membership in this classification ensures delivery of all association related products and services to the corporate and participating subsidiaries and encourages active participation of those executives in the association.

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

Please list all participating subsidiaries that you wish to be included in this application. Each subsidiary will be individually invoiced for annual dues.

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

7.

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

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	\$7,250
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? \_\_\_\_\_