

MARKETING/PURCHASING/COOP MEMBE	RSHIP APPLI	CATION Da	ate:
APPLICANT INFORMATION			
Date of Firm's founding: # of years in business*:	#	of Employees: _	
Firm Name:			# of Locations:
Firm Address: Street	Cit	ty	State/Province Zip
Primary Contact:	Phone:	Fa	ax:
E-mail Address:	Web Address:		
MEMBERSHIP ELIGIBILITY CRITERIA In order to approve your application, please answer the following ques Yes No Does your organization have 10 or more HARDI whole MEMBERSHIP FEES AND AUTHORIZATION Please remit your completed application and \$200.00 initiation fee. Each not accepted, the initiation fee will promptly be refunded in full. SCHEDULE OF MEMBERSHIP DUES: Annual dues are based on the total annual sales of HVACR related products for the Marketing/Purchasing Cooperative	esale members? ch applicant understar Please mark the Gross Dolla	nds that if for any appropriate categ ar Volume	reason their application is
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.	(sales of pre		\$1,500
	\$30 to \$5		\$1,300
	\$20 to \$3		\$1,175
	\$10 to \$20		\$1,075
	\$2.5 to \$1		\$775
	Less than \$		\$550
MEMBERSHIP REFERRAL Were you referred by a current HARDI member? (Please be sure to let under the sure of the sur			