



The Power Behind Home Furnishings



Thank you for your interest in membership in National Home Furnishings Association. In order to expedite the activation of your membership, please complete this application in full and return by fax or by mail. To ensure accuracy, please type or print clearly in ink. Thank you again and we look forward to serving you.

REPRESENTATIVE APPLICATION FOR MEMBERSHIP

3910 Tinsley Drive, Suite 101 • High Point, North Carolina 27265 • 800.888.9590 • Fax: 336.801.6102 • info@nhfa.org • www.nhfa.org

Date: _____

Primary Contact Information

Contact Name & Title: _____

Corporate Name: _____

Company Name (dba): _____

Mailing Address: _____

City/State/Zip: _____

Shipping Address (if different from above): _____

Phone Number: (____) _____ Fax: (____) _____

Email: _____ Website: _____

Contacts: _____

Dues Schedule

A full year's dues are required upon application for membership in National Home Furnishings Association.

Business Type	Dues	Dues Amount:
Representative	\$175	

NHFA membership dues are generally Tax-deductible as a business expense, not a charitable contribution

Payment Method

If paying by check, please make it out to National Home Furnishings Association

Bill my: VISA MasterCard American Express

Card Number: _____ Exp. Date: _____

Cardholder: _____

Signature: _____

Return application to:
National Home Furnishings Assoc.
Attn: Membership Dept.
3910 Tinsley Drive, Suite 101
High Point, NC 27265-3610
Or Fax: (336) 801-6102

Terms of Agreement

The undersigned hereby applies for membership in National Home Furnishings Association and accordingly; 1) designates the individual named above as an official representative in the member's relations with the Association, 2) agrees to prepay annual dues in accordance with the Association's published dues schedule, 3) agrees to pay for purchases or services at time of order. It is furthermore understood that; 1) dues are nonrefundable, 2) cancellation of membership must be given in writing and is effective upon receipt by the Association, and 3) termination of membership does not alleviate member from responsibility of unpaid obligations owed by the Association.

Please Print Name _____

Authorized Signature _____ Date _____

In an effort to better serve our members and keep costs at a minimum, we periodically send special promotion and event announcements via broadcast transmission (including facsimile and email). Unless otherwise specifically stated, by signing below, you hereby give National Home Furnishings Association express permission to transmit above referenced information to your organization and/or its representatives.

Authorized Signature _____ Date _____

Representative Membership