



The Power Behind Home Furnishings



Thank you for your interest in membership in NHFA. 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.

Retailer Membership

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: _____

Dues Schedule Please total annual sales of all locations in determining your dues category. A full year's dues are required upon application for membership in National Home Furnishings Association. Dues are based on the total annual sales of ALL locations.

| Retail Annual Sales | Dues | Retail Annual Sales | Dues |
|---------------------|-------|---------------------|----------|
| Below \$500,000 | \$460 | Below \$3 Million | \$1,160 |
| Below \$700,000 | \$570 | Below \$5 Million | \$1,500 |
| Below \$1 Million | \$680 | Below \$10 Million | \$1,670 |
| Below \$2 Million | \$930 | Over \$10 Million | \$1,670* |

Annual Dues Are:

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

*+\$.35 per additional million

NHFA Retail Business Programs & Products

Please indicate which of our outstanding retail business products and services might be of interest to you:

- Consumer Financing
- Warehouse Programs
- B2B Supply Chain Mgmt.
- Education
- Visa/MasterCard Processing
- Industry Research/Information
- Business Insurance Programs
- Store Products
- Check Warranty Program
- Freight Services

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 Sponsor/Supplier Division 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 _____