



Application for Membership in the NEW ENGLAND FASTENER DISTRIBUTORS ASSOCIATION

COMPANY _____

NAME OF INDIVIDUAL SIGNING APPLICATION _____

NAME OF COMPANY REPRESENTATIVE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE _____

TELEPHONE _____ FAX _____
(area code) (area code)

EMAIL CONTACT _____ WEBSITE _____

The purpose or purposes for which this association is formed shall be, in all ways which are lawful and consistent with the public interests are:

1. To advance the interests of the fastener industry by promoting the distribution of fasteners through persons engaged in the industry.
2. To collect and disseminate useful statistics and information for members.
3. To encourage enlarged and more friendly relationships between persons engaged in the fastener industry.
4. To foster improvements in the service rendered by the fastener industry to consumers.
5. To promote improvement of quality in the expansion of markets for fasteners.
6. To develop new uses for fasteners.
7. To assist in the maintenance of sound relationships between the industry and its employees, its customers, the general public and the Federal Government.

The Association shall consist of two classes of membership:

1. Active Members shall be engaged in the distribution of fasteners.
2. Associate Members shall be engaged in the manufacturing or finishing of fasteners or a distributor of fasteners selling primarily to resellers and fastener manufacturers.

Yearly Dues of \$250 shall be paid upon submission of application.

Make your check payable to: N.E.F.D.A.

Should your application be rejected by the Board of Directors, for any reason, your check will be promptly returned.

N.E.F.D.A.

P.O. Box 151

Lake Zurich, IL 60047

Telephone: 847-370-9022

Fax: 847-516-6728

Email: Nancy@nefda.com

CONFIDENTIAL STATEMENT

In order that this application may be considered, we are giving the following information with reference to the character of our business. We understand this information will be held in confidence by the Association staff and used solely to establish whether the membership qualifications approved by the Board of Directors are met.

We are organized as a: corporation _____ partnership _____ sole proprietorship _____
division of a corporation _____ name and home office of parent corporation _____

Name and titles of company office _____

Territory covered _____

Names and locations of branches and subsidiaries _____

Total number of employees _____

Number of full-time fastener salesmen (inside) selling to end users _____

Number of full-time fastener salesmen (outside) selling to end users _____

Number of years you have been distributing fasteners under present ownership or control _____

Fastener sales as a percent of total sales _____ %

How many square feet in your warehouse? _____

Class of Membership applying for:

1. Active _____

2. Associate _____

This application is supported from the following two sponsors who are current Members of N.E.F.D.A

1. _____

2. _____

For Associate Application Only

A. What percent of your fastener sales are to O.E.M. accounts? _____

B. What percent of your fastener sales are sold to or through Distributors? _____

C. What percent of your fastener sales are manufactured by your own Company? _____

Signature _____
Official of applicant company

*Failure to complete any item of information may delay the approval of your application.
Falsification of answers will result in immediate dismissal.*

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