

JOIN NOW!

Why go it alone? Some business people are content to sit on the sidelines, but most successful ones support their industry Association. They recognize that banding together, sharing knowledge, and pooling resources can only improve their efficiency and profit margins. **The Specialty Tools & Fasteners Distributors Association (STAFDA)** is the leading trade association serving professionals in the light construction and industrial markets. STAFDA provides a broad umbrella of programs and services for less than \$1.00 a day. Join the 2,800+ industry companies that have found what a difference STAFDA membership can make in their businesses.

Complete the appropriate section below and all of the next page. Mail or fax the forms to STAFDA.

WE ARE A DISTRIBUTOR

Our firm hereby applies for admission in STAFDA. We comply with these three membership qualifications:

1. Over 50% of our sales volume is done in power tools, fastening systems, and other construction/industrial products.
2. We wholly own (not consigned) and maintain an inventory in these products of \$50,000 or more.
3. We employ two or more sales people.

Branch Locations (list all): _____

Major Brand Names Sold:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

WE ARE AN ASSOCIATE/MANUFACTURER

Our firm hereby applies for admission in STAFDA. We comply with these two membership qualifications:

1. At least 50% of our sales are through independent distributors.
2. STAFDA members will play an important role in that marketing program.

Description of Product Lines: _____

Nature of Operations:

- We have ___ direct sales people & ___ manufacturers agents.
- Specialty tool/fastener houses do ___% (est.) of our total sales volume.
- We operate ___ factory-owned distributor/warehouse service facilities.
- Our STAFDA contact is also responsible for Canadian sales: Yes No

Our major competitors are: _____

WE ARE A REP AGENT

Our firm hereby applies for admission in STAFDA. We comply with these two membership qualifications:

1. At least 50% of our sales are to distributors serving the construction/industrial markets.
2. We represent a minimum of three STAFDA Associate members including:

1. _____ 2. _____ 3. _____

Stocking Non-Stocking

Our territory covers (list states/provinces): _____

Please complete all of the following:

Company Name: _____
Mailing Address: _____
Street Address: _____
City/State/Zip/Country: _____
Phone: _____ Toll Free: _____
Fax: _____ E-mail: _____
Website: _____
Company Contact: _____ Title: _____
Year Business Founded: _____ Number of Employees: _____
Contact's Signature: _____ Today's Date: _____

Business Subjects of Special Interest: _____

Names & Titles of Partners, Owners, & Officers: _____

Other National Trade Association Memberships: _____

Annual Sales Volume (Optional):

- | | |
|--|--|
| <input type="checkbox"/> Under \$249,000 | <input type="checkbox"/> \$2,000,000-\$2,999,999 |
| <input type="checkbox"/> \$250,000-\$499,999 | <input type="checkbox"/> \$3,000,000-\$4,999,999 |
| <input type="checkbox"/> \$500,000-\$999,999 | <input type="checkbox"/> \$5,000,000-\$7,999,999 |
| <input type="checkbox"/> \$1,000,000-\$1,999,999 | <input type="checkbox"/> More than \$8,000,000 |

Rank Top 5 Choices for Convention Sites:

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Anaheim | <input type="checkbox"/> Las Vegas | <input type="checkbox"/> Reno |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Antonio |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Miami | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Nashville | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Dallas | <input type="checkbox"/> New York | <input type="checkbox"/> Washington D.C. |
| <input type="checkbox"/> Denver | <input type="checkbox"/> Orlando | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Phoenix | _____ |

STAFDA may invoice our company for the \$350 (U.S.) Annual Dues
 Check enclosed for \$350 (U.S.)
 Please charge the \$350 (U.S.) dues to my credit card:
 Visa MasterCard American Express
Credit Card Number: _____
Expiration Date: _____ Security Code: _____
Signature: _____

PLEASE ATTACH BUSINESS CARD HERE

RETURN THIS COMPLETED APPLICATION TO:

Georgia H. Foley, Executive Director
STAFDA
P.O. Box 44, 500 Elm Grove Rd., Ste. 210
Elm Grove, WI 53122-0044 U.S.A.

Fax: 262/784-5059