

NAHAD LISTED MEMBERS PROGRAM APPLICATION AGREEMENT

(Please submit separate form for each company location/branch to be listed)

COMPANY INFORMATION

Company (Corporate Office) Name: _____

Principal's Name: _____

Title: _____

Email: _____

Company Address: _____

Company Phone: _____

Company Fax: _____

My Company is a:

- Distributor Member Manufacturer Member
 My company is already a NAHAD Listed Member

FOR DISTRIBUTORS

Branch/Location to be Listed:

- Same as above

Branch/Location Name: _____

Branch/Location Contact Person: _____

Title: _____

Email: _____

Branch/Location Address: _____

Branch/Location Phone: _____

Branch/Location Fax: _____

PRODUCT GROUP INFORMATION

I am interested in the above branch/location becoming a NAHAD Listed **FABRICATOR** of the following product group(s): (*Fabricator = Branch/Location fabricates hose assemblies on-site.*)

- Composite Hose Fluoropolymer Hose
 Hydraulic Hose Industrial Hose
 Corrugated Metal Hose

and/or

I am interested in the above branch/location becoming a NAHAD Listed **PROVIDER** of the following product group(s): (*Provider = Sells hose assemblies fabricated by a NAHAD Listed Fabricator*)

- Composite Hose Fluoropolymer Hose
 Hydraulic Hose Industrial Hose
 Corrugated Metal Hose

FOR MANUFACTURERS

I am interested in the above company becoming a NAHAD Listed **MANUFACTURER** of the following product group(s):

- Composite Hose Fluoropolymer Hose
 Hydraulic Hose Industrial Hose
 Corrugated Metal Hose

LISTING AGREEMENT

As the principal (President, CEO, Owner, etc.) of the company listed above, I attest, that the company:

- Is a current NAHAD member company,
- Has at least one employee serving on the appropriate NAHAD Product Group, (*send additional names to rfish@nahad.org*)
Name of employee: _____
Email: _____
- Will write and/or share best practice ideas and techniques with the appropriate Product Group, (*send info to rfish@nahad.org*)
- Will ensure that all hose assemblies of the above product group(s) sold by the company, unless otherwise specified by the customer, will comply with the NAHAD Hose Assembly Guidelines.
- Will actively distribute the Hose Assembly Specifications Guidelines to our customers.
- Understands that NAHAD reserves the right to authenticate the above listed criteria.

Principal's Name _____

Principal's Signature _____

Date _____

PAYMENT INFORMATION

For Distributors:

- \$250 Annual Company Listing Fee \$ _____
PLUS, \$50 Annual Fee per Product Group
for this Branch/Location _____ x \$50 = \$ _____
TOTAL: \$ _____

For Manufacturers:

- \$500 Annual Fee per Product Group
_____ x \$500 = **TOTAL: \$** _____
- Check Enclosed (make payable to: NAHAD)
- Charge my Credit Card:
 AMEX MC VISA Discover

Card Number: _____

Expiration Date: _____

Verification Code: _____

Last 3 digits on back of card. AMEX card users: 4 digit number located on front of card.

Name of Card: _____

Signature: _____

Return form and payment to:

NAHAD • 105 Eastern Avenue • Suite 104
Annapolis, MD 21403

www.nahad.org