

APPLICATION FOR MEMBERSHIP

Please answer all questions. If any questions cannot be fully answered herein, attach additional pages.

		Date:	_
1. Firm Name	· · · · · · · · · · · · · · · · · · ·		_
2. Address			
		State Zip	
		Fax	
		Website	
3. Location of all branches			_
4. Business Organization:		Sole Proprietorship () Partnership () Corporation () State of Incorporation Partners and/or Officers. (Also show % of Ownership)	
<u>Name</u>		Address % of Owners	<u>hip</u>
	e)	How many years has this company been in business?	
5. Business Breakdown:	a) b) c) d)	Total sales volume for last fiscal year \$	
	e)	Are you affiliated with a service company? Explain	<u> </u>

6.	Financial Information: a) Bank References				
	b) Inventory Valuation of Parts at cost \$				
7.	List all major appliance manufacturers for whom you act as a franchised parts distributor (attach extra sheets if needed)				
	Manufacturer's Name # of Years				
8.	List all non-original suppliers you are authorized for:				
9.	Are you acquainted with any APDA member?				
10	If so, with whom? Why do you want to become a member of APDA?				
	Who will be the voting member of your firm?				
12	Are you a member of any other trade organizations or buying group?				
Ар	plicant's Signature:				
be inc	on acceptance of your application, your entrance fee will be \$500.00 and your annual dues will \$2,000.00 plus \$50.00 for each branch operation, which qualifies for membership and will be licated in the APDA membership list. You will be invoiced for this amount upon acceptance or application by the Board of Directors of Appliance Parts Distributors Association. Inc.				

Please return this application to:

APDA