



1111 19th Street NW > Suite 402 > Washington, DC 20036  
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## **SUPPLIER DIVISION MEMBERSHIP APPLICATION**

In accordance with AHAM's Bylaws,

*Section I (d) Supplier Member Division. Any person, firm or corporation which provides appliance product-related services or is engaged in the manufacture, in the United States or in any other country, of materials, parts or products closely related to or used with appliances shall be eligible for membership.*

*AHAM's membership policy also states that membership is not open to companies whose primary source of business is retail sales.*

\_\_\_\_\_(**company name**) hereby applies for Membership in the Association of Home Appliance Manufacturers.

Yes ☐ No ☐ Is retailing the primary business of the applicant?

***If you answered yes your company is not eligible for membership in AHAM.***

**Please list the appliance-related services, or products your company provides to home appliance manufacturers per the statement in number 1 above.**

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**How did you hear about AHAM?**

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Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Web Address \_\_\_\_\_

**If this company is a division or owned by a parent corporation, please provide the parent corporate information as required by the AHAM bylaws.**

Parent Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Web Address \_\_\_\_\_

## **SUPPLIER DIVISION MEMBERSHIP APPLICATION**

**Our official representative will be:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Our official dues contact will be:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**I hereby verify that the above information is correct.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***(Please do NOT send money with this application. You will be contacted by AHAM with regard to your application and its status.)***

***Please return this form to:***

Membership Department (Supplier Division)  
Association of Home Appliance Manufacturers  
1111 19th St. NW, Suite 402  
Washington, DC 20036  
Phone: (202) 872-5955 Fax: (202) 872-9354

**FOR AHAM USE ONLY**

☐ Division Head

\_\_\_\_\_ Date \_\_\_\_\_

☐ President

\_\_\_\_\_ Date \_\_\_\_\_