



1111 19th Street NW > Suite 402 > Washington, DC 20036  
t 202.872.5955 f 202.872.9354 www.aham.org

## **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, Canada, 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about AHAM?**

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Website \_\_\_\_\_

**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 \_\_\_\_\_

Website \_\_\_\_\_

**SUPPLIER DIVISION MEMBERSHIP APPLICATION**

**Our Official Representative will be:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Our Alternate Representative will be:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Our Official Dues Contact will be (If different than Official Representative):**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
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:***

Natalie Cheung, Membership and Marketing Manager, at [ncheung@aham.org](mailto:ncheung@aham.org)

**FOR AHAM USE ONLY**

Division Head \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

Supplier Division  
Confidential Sales Volume Report for 2020 Dues



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COMPLETE THE FOLLOWING INFORMATION AND RETURN BY **JULY 31, 2019**

<b>COMPANY NAME:</b>
COMPANY ADDRESS:
COMPANY ADDRESS:
PREPARED BY:
TITLE:
TELEPHONE:
EMAIL:

**RETURN TO [ACCOUNTING@AHAM.ORG](mailto:ACCOUNTING@AHAM.ORG) OR MAIL TO:**  
ASSOCIATION OF HOME APPLIANCE MANUFACTURERS (AHAM)  
FINANCE & ADMINISTRATION DEPARTMENT  
1111 19TH STREET NW, SUITE 402  
WASHINGTON, DC 20036  
TELEPHONE: 202.872.5955 x309  
FAX: 202.872.9354

**PLEASE READ DETAILED INSTRUCTIONS BELOW BEFORE COMPLETING THIS FORM**

- I. **Initiation Fee**  
For new members an initiation fee of \$250 will be charged, payable with the first dues billing.
- II. **Annual Dues**  
Supplier Dues Rates

If Your Company Sales Are:	Annual Dues
Less than \$10,000,000	\$2,500
Over \$10,000,000	\$4,000
Please fill in the amount of your 2020 dues based on the above schedule: \$	

**Dues Instructions**

- Dues are billed and payable annually, in accordance with Article IV of AHAM's bylaws. Annual amount is to be based on sales volume from July 1, 2018 to June 30, 2019. **You may submit payment now, or you will be invoiced by December 15, 2019.** Dues shall be paid within thirty days of the date of the invoice.
- Dues are based on all sales of the Supplier member as defined and classified above; dues of members shall apply only to the sale of products sold to manufacturers whose end product is marketed within the United States and/or Canada (regardless of where the product is manufactured). All dues rates noted are expressed in US Dollars.
- Dues payments for new members joining mid-year are prorated based on remaining full quarters in the calendar year.
- Return this completed form by email, fax or mail.

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_