



National Association of Electrical Distributors Application for Associate Membership

(All information submitted on this application is held in strict confidence by NAED)

NAED invites companies and organizations that support the distribution channel to become active in the organization by participating in NAED conferences, NAED committees, and other crucial NAED initiatives.

NAED Associate Membership is a non-voting membership class offered to manufacturers and value-added resellers. Associate Members have representation on the NAED Board of Directors. The dues for Associate membership are assessed annually and are determined by the company's sales through electrical distribution.

In order to be considered for Associate Member status, an applicant:

1. Must produce electrical industry products which are sold through electrical distributors as one of its primary means to market electrical industry products;
2. Must operate principally within the electrical industry;
3. Must provide a service or product that is considered appropriate and in the best interests of NAED and its voting members;
4. Must be in business for at least one year prior to becoming a Non-Voting Member.
5. Must fall into one of the following categories:
 - A. **Manufacturer:** A company which produces from raw materials a product which is sold through electrical distributors as one of its primary means to market products.
 - B. **Value-Added Reseller:** A company which does not manufacture products but is authorized by manufacturers to purchase and to sell new (unused or non-surplus) products primarily to distributors.

Our firm hereby requests to be included as an Associate of NAED. Our category is:

Check one: Associate Member Manufacturer Associate Member Value-Added Reseller

Applicant Information

Company Name: _____

Street Address: _____

PO Box: _____ Zip Code (if different from street address): _____

City, State, Zip: _____

Phone: _____ Fax: _____

Co. Email (to be published): _____ Website: _____

Main Contact Information

1. Associate Delegate Name: _____

Title: _____ Email: _____

2. Associate Alternate Name: _____

Title: _____ Email: _____

Applicant References

For verification purposes, the applicant must submit a list of up to twelve (12) NAED member distributors with whom it has done business. Applicants must have at least four (4) favorable responses from these references in order to proceed with the application process.

Distributor Name				
Full Address Phone Fax Contact				
Distributor Name				
Full Address Phone Fax Contact				
Distributor Name				
Full Address Phone Fax Contact				

Additional Required Information

- 1a. Date that business was established: _____ 1b. Number of Employees: _____
2. Ownership (Check one): Privately held Publicly traded Other _____
3. Indicate past year's annual electrical sales volume **through distribution**: \$ _____
4. Indicate past year's annual electrical sales volume (total): \$ _____
5. Percent of sales of electrical products through electrical distributors in past year: _____%
6. Percent of sales of electrical products to or through businesses other than electrical distributors in past year:
- To or through _____ % To or through _____ %
- To or through _____ % To or through _____ %
7. Tell us what percent of your total sales are in the following product areas:

Product Area	% of sales
Lighting (Fixtures, lamps, etc.)	%
Distribution Equipment	%
Wire & Cable; Conduit & other wiring systems	%
Motor Controls, Starts & Relays; Boxes & Enclosures	%
Fittings, Terminals, Connectors & Fasteners; Wiring Devices	%
Other (please specify):	%
TOTAL	100%

Requested Information by Category

A. For MANUFACTURERS:

1. Provide a brief description of the electrical product sold through or to electrical distributors:
- _____
- _____
2. State or attach applicant's distributor policy:
- _____
- _____

B. For VALUE-ADDED RESELLERS:

1. Indicate the new (unused or non-surplus) products that the applicant is authorized by the manufacturer to purchase and sell to electrical distributors:

a. _____ c. _____
 b. _____ d. _____

2. Indicate the names of the companies that have authorized the applicant to resell these products:

a. _____ c. _____
 b. _____ d. _____

Referral Information

A. Indicate the company that referred you to NAED. If you were referred by a particular person within the company, include that person's name. Designate only one individual per company.

Company: _____ City/State: _____

Individual Name: _____ Title: _____

B. NAED provides you with numerous benefits both as an individual company and as an industry. Please tell us what benefits are most important to you (education, networking, etc.): _____

Dues Structure

Fees are based on electrical sales through distribution and are calculated using the format shown below. If you cannot provide your exact sales volume, please check the appropriate box for your annual dues level. Upon approval of membership, a dues invoice will be sent via a separate mailing.

Annual Electrical Sales Through Distribution

Annual Dues

Check One:

- \$1 billion or greater \$28,550
- \$750 million - \$999,999,999 \$26,266
- \$625 million - \$749,999,999 \$22,840
- \$500 million - \$624,999,999 \$18,272
- \$375 million - \$499,999,999 \$14,846
- \$250 million - \$374,999,999 \$10,278
- \$150 million - \$249,999,999 \$6,852
- \$80 million - \$149,999,999 \$4,568
- \$30 million - \$79,999,999 \$3,426
- \$10 million - \$29,999,999 \$2,284
- less than \$9,999,999.00 \$1,142

Application Submission and Processing Fee

Please send completed application and \$200.00 processing fee (check or credit card) to:

NAED
Attn: Membership
1181 Corporate Lake Dr.
St. Louis MO 63132
Phone: 314-991-9000
Fax: 314-991-3060
Email: membership@naed.org

Credit Card Information:

Visa MasterCard American Express Discover

Card Number: _____ Exp: _____ CVV #: _____

Name on Card: _____

Signature: _____

Submitted by

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Date: _____