



MEMBERSHIP APPLICATION									
Business Name (DBA):					Phone:				
Corporate Name:					Cell:				
Business Address:					Fax:				
City:			State:		Zip:		Owner: Ms. Mr.		
Email:					Spouse: Ms. Mr.				
Web Address:					Send Association Mail to (person's name): Ms. Mr.				
Mailing Address:					Manager: Ms. Mr.				
City:			State:		Zip:				
Type of Business:							Year Founded:		
No. Employees:		Total Selling Space (Sq. Ft.):			Warehouse Size (Sq. Ft.):			Annual Sales Volume:	

BRANCHES								
Branch Store Name:			Branch Store Name:			Branch Store Name:		
Address:			Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:			Phone:		
Fax:			Fax:			Fax:		
Contact or Manager:			Contact or Manager:			Contact or Manager:		

ANNUAL MEMBERSHIP INVESTMENT	
<input type="checkbox"/> RETAIL – Includes officers, managers and employees of stores that stock home furnishings for retail sales in a permanent commercial location zoned for retail.	<input type="checkbox"/> ASSOCIATE (<i>non retail company</i>).....\$360
SINGLE STORE	<input type="checkbox"/> Industry Consulting Firm <input type="checkbox"/> Interior Design Firm
<input type="checkbox"/> Over \$3 million <i>annual sales volume</i>\$590	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier
<input type="checkbox"/> \$1.5 million to \$3 million <i>annual sales volume</i>\$490	<input type="checkbox"/> Wholesale Firm
<input type="checkbox"/> \$500,000 up to \$1.5 million <i>annual sales volume</i>\$390	<input type="checkbox"/> Other Home Furnishings Related Business (Specify): _____
<input type="checkbox"/> Under \$500,000 <i>annual sales volume</i>\$230	<input type="checkbox"/> AFFILIATE (<i>individual</i>).....\$120
MULTI-STORE	<input type="checkbox"/> Manufacturer's Rep <input type="checkbox"/> Industry Consultant
<input type="checkbox"/> Headquarters.....\$390	<input type="checkbox"/> Interior Designer/Decorator <input type="checkbox"/> Retail Salesperson
<input type="checkbox"/> Each Branch.....\$120	<input type="checkbox"/> Other (Specify): _____

AMOUNT \$ _____

CHECK ENCLOSED – Please make checks payable to: Home Furnishings Independents Association (HFIA)

CHARGE TO: MasterCard Visa

Cardholder Billing Address:		Account Number:	Exp. Date:
City:	State:	Zip:	
Print Name on Card:			
Cardholder's Signature:			

For federal income tax purposes, membership dues to Home Furnishings Independents Association are deductible as a BUSINESS EXPENSE, instead of as a charitable contribution. Five percent of your dues are non-deductible because of HFIA's legislative lobbying activities.
 Home Furnishings Independents Association's Code of Ethics: Each HFIA member operates an ethical business by representing goods fairly; striving for the satisfaction of customers; complying with existing local, state, and federal laws; not disparaging competition, and striving to strengthen confidence in the industry.
 I hereby apply for membership in Home Furnishings Independents Association and agree to abide by the HFIA Code of Ethics. I confirm that the above information is true and correct.

Signature: _____ **Title:** _____ **Date:** _____

Recommended by: _____

Please include the following information so that we may better serve you:

In-Store Galleries:

Manufacturers' lines you currently stock or rep:

Manufacturers' lines which are not stocked, but special ordered:

Price Point (check all that apply) : Promotional Medium High End

Merchandise categories carried by your company:

<input type="checkbox"/> Accessories	<input type="checkbox"/> Dining/Dinettes	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Outdoor
<input type="checkbox"/> Appliances	<input type="checkbox"/> Electronics	<input type="checkbox"/> Lighting	<input type="checkbox"/> Ready-to-Assemble
<input type="checkbox"/> Bedding	<input type="checkbox"/> Floor coverings	<input type="checkbox"/> Living Room	<input type="checkbox"/> Window Covering
<input type="checkbox"/> Bedroom	<input type="checkbox"/> Gifts	<input type="checkbox"/> Office	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Case Goods	<input type="checkbox"/> Home Theater		

Would you consider serving on the Board of Directors or a Committee? Yes No If not now, maybe later? _____

What other associations, buying groups, or organizations do you belong to?

Please list your special skills, interests, or background:

Please send me the enrollment for these HFIA services:

Bankcard processing Consumer finance FURNITURE/Today Subscription

Do you offer in-store financing? Yes No Outside Source? Yes No

Please check off markets you attend: Atlanta (winter) Atlanta (summer) Dallas (winter) Dallas (summer)
 High Point (spring) High Point (fall) Las Vegas (winter) Las Vegas (summer)
 Tupelo (winter) Tupelo (summer) Other: _____

Do you have access to the Internet? at home at work

Yes, we have a company Web site www._____ and would like it to be linked with our business name to HFIA's web site.

Service suppliers and manufacturers are listed alphabetically with a brief description: _____

Retailers and interior designers are listed by state.

**For additional information on any program contact HFIA.
 (800) 942-4663 • www.hfia.com • e-mail: info@hfia.com**

**FAX: (214) 742-9103 with Visa/MasterCard payment authorization or MAIL with check or Visa/MasterCard payment authorization to:
 Home Furnishings Independents Association (HFIA)
 P.O. Box 420807 • Dallas, Texas 75342-0807**

HFIA USE ONLY	Received	Renewal Month	Member No.	Member Type	Kit Sent	Approved
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