



MEMBERSHIP APPLICATION
SUPPLIER

Return to: **Joseph P. Logan, Executive Director**
International Casual Furnishings Association
317 West High Avenue, 10th Floor
High Point, NC 27260
Telephone: 336-884-5400

(Please print or type company name)

desires membership as a Supplier in the International Casual Furnishings Association, a division of the American Home Furnishings Alliance. AHFA is a nonprofit trade association incorporated in North Carolina.

The annual dues amount for companies that provide a service to casual furnishings manufacturers is \$750. Dues for providers of equipment, component parts, fabric or other products are based on the value of sales for the past 12-month period ending December 31, according to the following schedule:

Sales under \$1.5 million	\$750
Sales from \$1.5 million to \$3 million	\$1,000
Sales from \$3 million to \$10 million	\$2,000
Sales over \$10 million	\$3,000

All memberships are renewed January 1 of each year. In the event of cancellation, dues cannot be refunded. If joining after the beginning of ICFA's fiscal year, the full dues amount paid will be prorated and applied to the subsequent fiscal year. Dues amounts for product providers are recalculated annually, based on the sales for the previous calendar year ending December 31. Members are billed the first working day of January, the first day of ICFA's fiscal year. Minimum dues-paying members (\$750) pay the full year's dues in advance.

Our company is (check one): Service Provider Product Provider

For product providers, the value of our company's sales for the past 12-month period ending December 31 was \$ _____.

Our official company representative to ICFA/AHFA will be:

Name _____ Title _____

Physical Address _____

Mailing Address _____

City and State _____ Zip _____

Telephone _____ Fax _____

Web Address _____ E-mail Address _____

Products or services provided: _____

Authorized By (Please Print Name): _____ Date _____

Authorized Signature: _____

FOR CREDIT CARD PAYMENT:

Charge to: _____ MasterCard _____ Visa _____ American Express _____ Discover

Account no: _____ 3 or 4 digit code: _____ Expiration Date: _____

Signature: _____

ICFA DUES ARE TAX DEDUCTIBLE.
Payment must accompany application.