



MEMBERSHIP APPLICATION
INTERNATIONAL CASUAL FURNISHINGS ASSOCIATION

Return to: **Joe Logan, Executive Director**
International Casual Furnishings Association
317 West High Avenue, 10th Floor
High Point, NC 27261
Telephone: 336.884.5400

(Please print or type company name)

desires membership in the American Home Furnishings Alliance and its division, the **International Casual Furnishings Association**, formerly the **Summer and Casual Furniture Manufacturers Association**. AHFA is a nonprofit trade association incorporated in North Carolina. We understand that AHFA's bylaws require our company to be incorporated in the United States or the District of Columbia as a manufacturer or importer of home furnishings products for wholesale distribution in the United States. Any non-confidential information required to assist in the approval of this application will be provided. Government agencies do not qualify for membership.

Upon membership acceptance, we agree to support and promote the affairs and activities of the American Home Furnishings Alliance and its division, the International Casual Furnishings Association, and will receive all the rights and privileges of membership.

All memberships are renewed January 1 of each year. In the event of cancellation, dues cannot be refunded. If joining after the beginning of AHFA's fiscal year, the full dues amount paid will be prorated and applied to the subsequent fiscal year. **Dues amounts are recalculated annually**, based on the sales for the previous calendar year ending December 31. Members will be billed the first working day of January, the first day of the AHFA's fiscal year, and will make quarterly payments in advance. Minimum dues-paying members (\$1,200) pay the full year's dues in advance.

The value of our company's shipments for the past twelve-month period ending December 31, was \$ _____. We understand this figure will be used only for dues assessment.

Our official company representative to AHFA/ICFA will be:

Name _____ Title _____

Physical Address _____

Mailing Address _____

City and State _____ Zip _____

Telephone _____ Fax _____

Web Address _____ E-mail Address _____

Products Manufactured _____

Number of Employees _____ Plant Locations _____

Date Began Manufacturing _____ State of Incorporation _____

Authorized By (Please Print Name) _____ Date _____

Authorized Signature _____

AHFA DUES ARE TAX DEDUCTIBLE.
Payment must accompany application. (Dues Schedule on Reverse)

INTERNATIONAL CASUAL FURNISHINGS ASSOCIATION

DUES SCHEDULE

ANNUAL SALES

DUES COMPUTATION

Under \$1.5 million	\$ 1,200 (pay in full annually)
\$1,500,001 to \$2.5 million	\$ 1,200 + .35 per thousand in sales over \$1,500,001
\$2,500,001 to \$5 million	\$ 1,550 + .29 per thousand in sales over \$2,500,001
\$5,000,001 to \$10 million	\$ 2,275 + .25 per thousand in sales over \$5,000,001
\$10,000,001 to \$25 million	\$ 3,525 + .21 per thousand in sales over \$10,000,001
\$25,000,001 to \$50 million	\$ 6,675 + .16 per thousand in sales over \$25,000,001
\$50,000,001 to \$100 million	\$10,675 + .12 per thousand in sales over \$50,000,001
\$100,000,001 to \$200 million	\$16,675 + .10 per thousand in sales over \$100,000,001
\$200,000,001 to \$350 million	\$26,675 + .07 per thousand in sales over \$200,000,001
\$350,000,001 to \$500 million	\$37,175 + .05 per thousand in sales over \$350,000,001
\$500,000,001 to \$1 billion	\$44,675 + .04 per thousand in sales over \$500,000,001