



INTERNATIONAL  
CASUAL FURNISHINGS  
ASSOCIATION

SALES REPRESENTATIVE MEMBERSHIP APPLICATION

Return to: **Jackie Hirschhaut, Executive Director**  
**International Casual Furnishings Association**  
**1912 Eastchester Drive, Suite 100**  
**High Point, NC 27265**  
**Telephone: 336/881-1016**

\_\_\_\_\_  
*(Please print or type company name)*

desires membership as a Sales Representative 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 for an independent sales representative are \$150.

Upon membership acceptance, I/we agree to support and promote the affairs and activities of the International Casual Furnishings Association and will receive all the rights and privileges of membership.

Lines carried \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. Members are billed the first working day of January, the first day of ICFA's fiscal year.

Name \_\_\_\_\_ Title \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Web Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Authorized By (Please Print Name): \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**By providing my credit card account below, I authorize ICFA to retain the information in order to register me in the ICFA Sales Representative's Office Depot and Staples discount programs plus renew my dues on January 1.**

**CREDIT CARD INFORMATION:** Charge to: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Account no: \_\_\_\_\_ 3- or 4-digit code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name/Address as Shown on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**ICFA DUES ARE TAX DEDUCTIBLE.**

*Payment must accompany application.*