

National Kitchen & Bath Association 2010 Corporate Membership Application

NKBA USE ONLY: _____
Member ID#/Member Type _____
Tracking Code: KBEX10



MEMBERSHIP INFORMATION (please print all information)

Primary Contact: _____

Job Title: _____

Company Name: _____

Company Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Work Phone: _____

Fax: _____

E-mail: _____

Company Website: _____

How did you hear about the NKBA: _____

Referred by (if applicable): _____

About how many employees are in your company? _____

- Check this box if you do **NOT** want to receive faxes from the NKBA.
 Check this box if you do **NOT** want to receive mail or e-mail from other NKBA member companies.

INDUSTRY SEGMENT

Please select your company's primary industry segment (check only one):

- | | |
|---|--|
| <input type="checkbox"/> Builders/Remodeler | <input type="checkbox"/> Fabricator |
| <input type="checkbox"/> Cabinet Shop | <input type="checkbox"/> Installer |
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Manufacturer or Supplier |
| <input type="checkbox"/> Decorative Plumbing & Hardware | <input type="checkbox"/> Manufacturers' Representative |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Multi-Branch Retailer |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> or Home Center |

Indicate a secondary segment, if applicable: _____

ANNUAL MEMBERSHIP DUES

NKBA corporate membership dues are based on annual revenues in kitchen and bath sales. Please select the revenue range that applies to your company (check only one):

Annual Revenue*	Annual Dues	Annual Revenue*	Annual Dues
<input type="checkbox"/> Less than \$100k	\$150	<input type="checkbox"/> \$5 mil. - \$7 mil.	\$1,475
<input type="checkbox"/> \$100k - \$500k	\$200	<input type="checkbox"/> \$7 mil. - \$10 mil.	\$1,875
<input type="checkbox"/> \$500k - \$1 mil.	\$300	<input type="checkbox"/> \$10 mil. - \$15 mil.	\$2,500
<input type="checkbox"/> \$1 mil. - \$1.5 mil.	\$350	<input type="checkbox"/> \$15 mil. - \$20 mil.	\$3,000
<input type="checkbox"/> \$1.5 mil. - \$2 mil.	\$475	<input type="checkbox"/> \$20 mil. - \$40 mil.	\$5,000
<input type="checkbox"/> \$2 mil. - \$3 mil.	\$575	<input type="checkbox"/> \$40 mil. - \$100 mil.	\$6,000
<input type="checkbox"/> \$3 mil. - \$4 mil.	\$825	<input type="checkbox"/> \$100 mil. - \$200 mil.	\$8,500
<input type="checkbox"/> \$4 mil. - \$5 mil.	\$975	<input type="checkbox"/> More than \$200 mil.	\$9,500

*The NKBA reserves the right to audit corporate kitchen and bath revenues.

EMPLOYEE MEMBERSHIPS*

To enroll your employees with complimentary membership in the NKBA, include a list (on paper, CD, or via e-mail) with the following information for each employee:

- First and last name • Title • Phone • E-mail • Address

*NOTE: Employee members do not receive all individual member benefits, such as mailings, voting rights, and a listing on the NKBA website.

BRANCH MEMBERSHIPS

To purchase memberships for each of your locations at a cost of \$100 each, include a list (on paper, CD, or via e-mail) with the following information for each location:

- Branch name/number • Contact name • Contact title
- Address • Phone • E-mail

PAYMENT

NKBA membership dues are charged on a calendar year basis. During the first year of membership, dues are pro-rated based on the application date, according to the following guidelines:

Oct. 1 - Mar. 31: 100% Apr. 1 - Jun. 30: 75% Jul. 1 - Sep. 30: 50%

All dues must be attached to this form in U.S. funds payable to the NKBA.

One-Time Application Fee:	\$ <u>WAIVED</u>
Annual Membership Dues (as based on annual revenue):	\$ _____
Branch Membership Dues (\$100 per location):	\$ _____
Total (membership and branch memberships):	\$ _____

Please indicate your form of payment:

- Check made payable to the NKBA
 Credit card (check one)
 ___ Visa ___ MasterCard ___ American Express

Card Number: _____ Exp. Date: _____/_____/_____

Signature: _____

Cardholder's Name (please print): _____

SIGNATURE

I hereby apply for NKBA membership and agree to be governed by its Bylaws and Standards of Conduct.

_____/_____/_____
Signature Date

NOTE: Five (5) percent of NKBA dues are allocable to lobbying activities and are not deductible for federal tax purposes, in accordance with IRS regulations. Members may not deduct lobbying expenses from dues.

Please complete this form and return it to the NKBA with your payment in any of the following three ways:

E-mail: feedback@nkba.org

Fax: (908) 852-1695

Mail: NKBA, 687 Willow Grove Street, Hackettstown, NJ 07840