

# APPLICATION FOR ASSOCIATE MEMBERSHIP IN ATLANTIC BUILDING SUPPLY DEALERS ASSOCIATION

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Date of Application \_\_\_\_\_

## QUALIFICATION FOR ASSOCIATE MEMBERSHIP

Associate Membership in Atlantic Building Supply Dealers Association is open to any manufacturer (including Manufacturer's agent), distributor, co-operative purchasing organization (buying group) wholesaler or service firm whose income from business operations in Atlantic Canada is derived primarily from the sale of products or the provision of services to the dealer members of ABSDA in the ordinary course of business and in such a manner that benefits all parties concerned.

**Annual Fees:** Established annually by the ABSDA Board of Directors.

**Agreement:** I/We hereby apply for associate membership in the Atlantic Building Supply Dealers Association and agree to being invoiced annually for and paying promptly the annual associate membership fee.

**Final Decision:** Any questions arising as to eligibility for membership in this Association shall be referred to the Board of Directors to determine, and their decision shall be final.

## PLEASE PRINT OR TYPE:

COMPANY NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_ WEB SITE \_\_\_\_\_

**NAME and TITLE of person(s) to receive association correspondence, etc.**

## PRODUCTS HANDLED OR SERVICES PROVIDED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SALES AND DISTRIBUTION POLICY:

Show approximate percentage in appropriate boxes:

- (a) Company sells \_\_\_\_\_% to Distributors
- (b) Company sells \_\_\_\_\_% to Cooperative Purchasing Organizations (Buying Groups)
- (c) Company sells \_\_\_\_\_% to Wholesalers
- (d) Company sells \_\_\_\_\_% to Retailers
- (e) Company sells \_\_\_\_\_% to Contractors
- (f) Company sells \_\_\_\_\_% to Industrials
- (g) Company sells \_\_\_\_\_% to Consumers (general public)
- (h) Company sells \_\_\_\_\_% to Others (please specify)
- (i) Others: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

## FOR OFFICIAL USE ONLY:

Recommended by \_\_\_\_\_  
Approved by Board \_\_\_\_\_  
Not Approved by Board \_\_\_\_\_  
DATE \_\_\_\_\_