

APPLICATION FOR ASSOCIATE MEMBERSHIP

ATLANTIC BUILDING SUPPLY DEALERS ASSOCIATION

70 Englehart Street, Dieppe, N.B. E1A 8H3
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www.absda.ca



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 promptly paying 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 _____

PRIMARY CONTACT: NAME _____ EMAIL _____

TITLE _____ MOBILE _____

ACCOUNTS PAYABLE: NAME _____ EMAIL _____

TITLE _____ MOBILE _____

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: _____

APPLICANT SIGNATURE: _____ **TITLE:** _____

FOR ABSDA USE ONLY: Recommended by _____

Approved by Board _____

Not Approved by Board _____