



# INTERNATIONAL CASUAL FURNISHINGS ASSOCIATION

## SUPPLIER 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 Supplier 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 amount for companies that provide a service to casual furnishings manufacturers is \$750. Dues for providers of equipment, component parts, fabric or other products are based on the value of sales for the past 12-month period ending December 31, according to the following schedule:

Sales under \$1.5 million	\$750
Sales from \$1.5 million to \$3 million	\$1,000
Sales from \$3 million to \$10 million	\$2,000
Sales over \$10 million	\$3,000

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. Dues amounts for product providers are recalculated annually, based on the sales for the previous calendar year ending December 31. Members are billed the first working day of January, the first day of ICFA's fiscal year. Minimum dues-paying members (\$750) pay the full year's dues in advance.

Our company is (check one):     Service Provider                       Product Provider

**For product providers**, the value of our company's sales for the past 12-month period ending December 31 was \$ \_\_\_\_\_.

Our official company representative to ICFA/AHFA will be:

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

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

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

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

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

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

Products or services provided: \_\_\_\_\_

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

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

**FOR CREDIT CARD PAYMENT:** 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.*

**For Office Use Only:** Dues: \_\_\_\_\_ A/Q: \_\_\_\_\_ Joined: \_\_\_\_\_ DOP: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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