



MANUFACTURER/IMPORTER 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 Manufacturer/Importer in the International Casual Furnishings Association, a division of the American Home Furnishings Alliance. AHFA is a nonprofit trade association incorporated in North Carolina.

We understand that AHFA's bylaws require our company to be incorporated in the United States or the District of Columbia as a manufacturer or importer of home furnishings products for wholesale distribution in the United States. Any non-confidential information required to assist in the approval of this application will be provided. Government agencies do not qualify for membership.

Upon membership acceptance, we agree to support and promote the affairs and activities of the American Home Furnishings Alliance and its division, the International Casual Furnishings Association, and will receive all the rights and privileges of membership.

All memberships are renewed January 1 of each year. In the event of cancellation, dues cannot be refunded. If joining after the beginning of AHFA's fiscal year, the full dues amount paid will be prorated and applied to the subsequent fiscal year. **Dues amounts are recalculated annually**, based on the sales for the previous calendar year ending December 31. Members will be billed the first working day of January, the first day of the AHFA's fiscal year, and will make quarterly payments in advance. Minimum dues-paying members (\$1,200) pay the full year's dues in advance.

The value of our company's shipments for the past twelve-month period ending December 31, was \$ _____. We understand this figure will be kept confidential and used only for dues assessment.

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. (Dues schedule on reverse.)

For Office Use Only: Dues: _____ A/Q: _____ Joined: _____ DOP: _____

Special Instructions: _____

INTERNATIONAL CASUAL FURNISHINGS ASSOCIATION

DUES SCHEDULE

ANNUAL SALES	DUES COMPUTATION
Under \$1.5 million	\$ 1,200 (pay in full annually)
\$1,500,001 to \$2.5 million	\$ 1,200 + .35 per thousand in sales over \$1,500,001
\$2,500,001 to \$5 million	\$ 1,550 + .29 per thousand in sales over \$2,500,001
\$5,000,001 to \$10 million	\$ 2,275 + .25 per thousand in sales over \$5,000,001
\$10,000,001 to \$25 million	\$ 3,525 + .21 per thousand in sales over \$10,000,001
\$25,000,001 to \$50 million	\$ 6,675 + .16 per thousand in sales over \$25,000,001
\$50,000,001 to \$100 million	\$10,675 + .12 per thousand in sales over \$50,000,001
\$100,000,001 to \$200 million	\$16,675 + .10 per thousand in sales over \$100,000,001
\$200,000,001 to \$350 million	\$26,675 + .07 per thousand in sales over \$200,000,001
\$350,000,001 to \$500 million	\$37,175 + .05 per thousand in sales over \$350,000,001
\$500,000,001 to \$1 billion	\$44,675 + .04 per thousand in sales over \$500,000,001