

WHOLESALE ASSOCIATION OF THE NORTH EAST
MEMBERSHIP APPLICATION
 for National Wholesaler Branch Location(s)



WANE MEMBERSHIP QUALIFICATION

In accordance with Article III, Section 1, Paragraph (a) and Article III, Section 3 of the WANE Bylaws, an Active Member is defined as a proprietorship, partnership or corporation primarily engaged in the wholesale distribution, for a period of not less than one year, of plumbing, or heating, or cooling products, and/or pipe, valves, and fittings in the United States, its territories and Canada, and providing such wholesale distribution functions as maintaining and owning a diversified inventory of industry products, breaking bulk shipments, providing delivery services, extending credit to diversified and varied customers, and providing sales and technical assistance to suppliers and to diversified and varied customers.

All applications for Membership shall be upon forms supplied by the Corporation, shall be accompanied by payment of dues, an initiation fee if applicable, and shall be submitted to the Board of Directors for its approval.

Membership in the Wholesalers Association of the North East (WANE) will be granted according to these criteria.

The undersigned hereby applies for a non-transferrable membership in the Wholesalers Association of the North East (WANE), and, if accepted, agrees to comply with all of the provision of the by-laws of the Association.

1 COMPANY INFORMATION
 Please PRINT or TYPE. All correspondence will be sent to the individual at the address listed below.

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____

E-MAIL _____ DIRECT PHONE _____ DIRECT FAX _____

GENERAL PHONE _____ GENERAL FAX _____ WEBSITE _____

THIS FORM WAS COMPLETED BY:

SIGNATURE _____ PRINT NAME _____ DATE _____

2 CONTACT NAMES (optional)
 The individuals listed below will be included in the membership database. Make additional copies of this form if needed.

NAME _____ TITLE _____

E-MAIL _____ PHONE _____ Check here if individual should receive correspondence.

NAME _____ TITLE _____

E-MAIL _____ PHONE _____ Check here if individual should receive correspondence.

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E-MAIL _____ PHONE _____ Check here if individual should receive correspondence.

WHOLESALE ASSOCIATION OF THE NORTH EAST
 1200 N. Arlington Heights Rd., Suite 150, Itasca, IL 60143
 PHONE: (630) 467-0000 • FAX: (630) 467-0001
 E-MAIL: wane5@asa.net • WEBSITE: www.wane5.org

FOR ASA USE ONLY

Date Received: _____ Check Number: _____

Acknowledged: _____ Processing Completed: _____ Follow-up: _____

Please continue to next page

DUES STRUCTURE

Payment for Annual Dues must accompany this application. **Proration of dues will appear on second year's notice for those joining mid-year.** (Fiscal year: January 1 through December 31.)

Dues, contributions or gifts to WANE are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.

<h2 style="font-size: 2em; margin: 0;">3</h2> <h3 style="margin: 0;">ANNUAL DUES</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">ANNUAL SALES VOLUME</th> <th style="text-align: left; border-bottom: 1px solid black;">MEMBERSHIP DUES</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Less than \$1M</td> <td>\$ 470</td> </tr> <tr> <td><input type="checkbox"/> \$1M to \$2M</td> <td>\$ 605</td> </tr> <tr> <td><input type="checkbox"/> \$2M to \$5M</td> <td>\$ 735</td> </tr> <tr> <td><input type="checkbox"/> \$5M to \$10 M</td> <td>\$ 925</td> </tr> <tr> <td><input type="checkbox"/> \$10M to \$15M</td> <td>\$1,330</td> </tr> </tbody> </table>	ANNUAL SALES VOLUME	MEMBERSHIP DUES	<input type="checkbox"/> Less than \$1M	\$ 470	<input type="checkbox"/> \$1M to \$2M	\$ 605	<input type="checkbox"/> \$2M to \$5M	\$ 735	<input type="checkbox"/> \$5M to \$10 M	\$ 925	<input type="checkbox"/> \$10M to \$15M	\$1,330	<h3 style="margin: 0;">ANNUAL DUES</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">ANNUAL SALES VOLUME</th> <th style="text-align: left; border-bottom: 1px solid black;">MEMBERSHIP DUES</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> \$15M to \$25M</td> <td>\$1,775</td> </tr> <tr> <td><input type="checkbox"/> \$25M to \$50M</td> <td>\$1,835</td> </tr> <tr> <td><input type="checkbox"/> \$50M to \$125M</td> <td>\$2,210</td> </tr> <tr> <td><input type="checkbox"/> \$125M to \$250M</td> <td>\$3,855</td> </tr> <tr> <td><input type="checkbox"/> \$250M to \$500M</td> <td>\$4,640</td> </tr> <tr> <td><input type="checkbox"/> \$500M and over</td> <td>\$5,805</td> </tr> </tbody> </table>	ANNUAL SALES VOLUME	MEMBERSHIP DUES	<input type="checkbox"/> \$15M to \$25M	\$1,775	<input type="checkbox"/> \$25M to \$50M	\$1,835	<input type="checkbox"/> \$50M to \$125M	\$2,210	<input type="checkbox"/> \$125M to \$250M	\$3,855	<input type="checkbox"/> \$250M to \$500M	\$4,640	<input type="checkbox"/> \$500M and over	\$5,805
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*Please make check payable to Wholesalers Association of the North East (WANE).
All checks must be drawn on a U.S. bank.*

CONFIDENTIALITY NOTICE:
This information will be held in the strictest of confidence and will not be made available to any individual or organization outside of Wholesalers Association of the North East (WANE) headquarters.

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BUSINESS INFORMATION

The following is submitted for consideration by the Board of Directors in connection with the application for membership.

1. Is your Business a: Sole Ownership Partnership Corporation
2. How long has the business been operated under the present ownership? _____ YEARS
3. Please indicate your total number of employees: _____ EMPLOYEES
4. Indicate the wholesale lines regularly sold and the percentage of total sales

Air Conditioning _____ %	Mill Products _____ %	Pipe, Valves, Fittings _____ %
Electrical _____ %	Plumbing Supplies _____ %	Pumps, Well Supplies _____ %
HVAC/R _____ %	Solar Heating/Cooling _____ %	Hydronics _____ %
Tools and Other _____ %		
5. How many branches do you maintain from which sales are made, stock maintained and from which merchandise is distributed to customers? _____ NUMBER OF BRANCHES
6. Do you maintain a retail store? YES NO (if no, please go to Question #10)
7. Are the retail and wholesale businesses kept and run separately? YES NO
8. What percentage of your sales are retail? _____ %
9. Do you maintain a showroom? YES NO
10. Do you perform, directly or indirectly, the functions of a plumbing and/or heating-cooling contractor? YES NO

Please continue to next page

MEMBERSHIP DIRECTORY INFORMATION

5 MULTIPLE BRACH LOCATIONS (optional)

Please list below your Branch Locations. The locations listed below will be included in the next edition of the membership database. Make additional copies of this form if needed.

COMPANY NAME _____ DIVISION OF _____

NAME _____ TITLE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____ FAX _____

Check here if individual should receive correspondence.

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