



HVAC Duct Pipe & Fittings

**Air Distribution Institute**

4415 W. Harrison, Suite 540, Hillside, IL 60162

Phone: 708-449-2933, Fax: 708-449-0837

Email: linda@mc-hugh.us

## ASSOCIATE APPLICATION – ADI MEMBERSHIP

The Applicant listed below is applying for Associate Membership in Air Distribution Institute (ADI). The undersigned is the owner, chief executive officer (CEO) or chief operating officer (COO) of applicant. If approved for membership, applicant agrees to abide by ADI Bylaws as amended from time to time. It further agrees that the owner, CEO, COO or regional sales management or higher will attend membership meetings.

I/We understand that the ADI Bylaws define the provisions of Associate Membership as "Associate Members should consist of persons, firms and corporations regularly engaged in providing materials and services to regular members."

### Company information (print name exactly as it is to appear in all Air Distribution Contact Information)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

### Complete this section only if applicable

Legal Name of Company (if different): \_\_\_\_\_

Subsidiary or Division of (if applicable): \_\_\_\_\_

Additional Business Entities \_\_\_\_\_

### Form of business organization (check one)

Sole Proprietorship    Partnership    Corporation    LLC    Other: \_\_\_\_\_

### Primary representative:

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

Individual E-mail (if different than company): \_\_\_\_\_

Address (if different than company): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (if different) : \_\_\_\_\_ Fax (if different): \_\_\_\_\_

### Other representatives

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

E-mail: \_\_\_\_\_ Fax (if different): \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Fax (if different): \_\_\_\_\_

**Products or Services provided to the Air Distribution Industry:**

**Dues Payment – Member Dues**

**ASSOCIATE MEMBERSHIP OPTIONS:**

- ADI Associate Membership I - \$3000 (includes one free attendee to ADI By-Annual Meetings. Additional Company Representatives may attend as per the ADI Board.)
- ADI Associate Membership II - \$5,000 (includes Associate Membership I member benefits in addition to a Vendor Presentation at One meeting per year)

I hereby certify that all information in this Application is true, complete and correct to the best of my knowledge. ADI membership is complete upon approval and receipt of payment in full.

**Signature of Officer, Partner or Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Provide a brief paragraph, describing your firm's business. Will be used on the ADI website ([www.steelduct.org](http://www.steelduct.org))**

**MAIL COMPLETED APPLICATION WITH CHECK PAYMENT TO: ADI, 4415 W. Harrison, Suite 540, Hillside, IL 60162**