Join STAFDA Now!

The Specialty Tools & Fasteners Distributors Association (STAFDA) is the leading trade association serving professionals in the construction and industrial markets. STAFDA provides a broad umbrella of programs and services for less than $1/day. Join the 2,500+ industry companies who have found what a difference STAFDA membership can make in their business!

Please complete the appropriate section below, the entire next page, and return both pages to STAFDA.

☐ We are a Distributor
Our firm hereby applies for admission in STAFDA. We comply with these three membership qualifications:

1. Over 50% of our sales volume is in power tools, fastening systems, and other construction/industrial products.
2. We wholly own (not consign) and maintain an inventory of these products totalling $50,000 or more.
3. We employ two or more outside salespeople.

Branch Locations (list all):

Major Brand Names Sold:
1. ____________________________ 2. ____________________________
3. ____________________________ 4. ____________________________

☐ We are an Associate/Manufacturer
Our firm hereby applies for admission in STAFDA. We comply with these two membership qualifications:

1. At least 50% of our sales are through independent distributors.
2. STAFDA members will play an important role in our marketing program.

Description of Product Lines: ____________________________________________________________________

Nature of Operations:
• We have ___ direct sales people & ___ manufacturers agents.
• Construction/industrial houses do ___% (est.) of our total sales volume.
• We operate ___ factory-owned distributor/warehouse service facilities.
• Our STAFDA contact is also responsible for Canadian sales: ☐ Yes ☐ No

Our major competitors are: ____________________________________________________________________

☐ We are a Rep Agent
Our firm hereby applies for admission in STAFDA. We comply with these two membership qualifications:

1. At least 50% of our sales are to distributors serving the construction/industrial markets.
2. We represent a minimum of three STAFDA Associate/Manufacturer members including:

1. ____________________________ 2. ____________________________ 3. ____________________________

We are a ☐ Stocking ☐ Non-Stocking rep agency

Our territory covers (list states/provinces): ____________________________________________________________________
Please complete all of the following:

Company Name: ___________________________________________ Title: __________________________

Company Contact (one only please): ___________________________ Telephone: __________________________

Mailing Address: __________________________________________
Street Address: ____________________________________________
City/State/Zip/Country: ______________________________________
Phone: __________________________________________________
Toll Free: ________________________________________________
Fax: _____________________________________________________
Email: ___________________________________________________ Website: __________________________

Year Business Founded: __________________ Number of Employees: __________________

Contact’s Signature: ________________________________________ Today’s Date: ____________

We are: ☐ GSA Certified ☐ ISO Approved ☐ Rental House

Business Subjects of Special Interest: _______________________

Names & Titles of Partners, Owners, & Officers: ____________

Other National Trade Association Memberships: ____________

Annual Sales Volume (Optional):
☐ Under $249,000 ☐ $2,000,000-$2,999,999
☐ $250,000-$499,999 ☐ $3,000,000-$4,999,999
☐ $500,000-$999,999 ☐ $5,000,000-$7,999,999
☐ $1,000,000-$1,999,999 ☐ More than $8,000,000

Payment Information
☐ STAFDA may invoice our company for the $350 (U.S.) Annual Dues
☐ Check enclosed for $350 (U.S.)
☐ Please charge the $350 (U.S.) dues to my credit card:
  ☐ American Express ☐ Discover
  ☐ MasterCard ☐ Visa

Credit Card Number: __________________________
Expiration Date: ___________ Security Code: ______
Signature: __________________________

Please Attach Your Business Card Here

Please return this completed application to:
Mail: Georgia H. Foley, C.E.O.
STAFDA
P.O. Box 44 • 500 Elm Grove Rd., Ste. 210
Elm Grove, WI 53122-0044 U.S.A.

Email: info@stafda.org
Fax: 262/784-5059

Rank Top 5 Choices for Convention Sites:
_ Anaheim _ New Orleans
_ Atlanta _ New York
_ Baltimore _ Orlando
_ Boston _ Phoenix
_ Chicago _ Reno
_ Dallas _ San Antonio
_ Denver _ San Diego
_ Hawaii _ San Francisco
_ Las Vegas _ Toronto
_ Los Angeles _ Washington D.C.
_ Miami _ Other: ____________
_ Nashville _

Other: ____________