



Join STAFDA Today

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 2,100+ 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: _____

Company Contact (one only please): _____ Title: _____

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