



Application for Distributor Membership

NATIONAL ASSOCIATION OF FIRE EQUIPMENT DISTRIBUTORS

If you have any questions, feel free to call us at (312) 461-9600.

Please fill in your company information.

Company Name _____

Main Contact _____

(this person will receive all NAFED mailings)

Title _____ Email: _____

Secondary Contact _____

Title _____ Email: _____

Main Address _____

City _____ State/Province _____ Zip/Postal _____

Phone _____ Fax _____

General Email: _____ Website: _____

Billing Address (If different than mailing) _____

City _____ State/Province _____ Zip/Postal _____

Please answer the following questions accurately.

NAFED maintains the right to verify all responses contained in this application.

1. Is applicant's company owned/controlled by or managed/operated by an employee of a regulatory agency whose responsibility is code inspection or code enforcement?

Yes No

2. How long has your company been engaged in the sales, service, repair and maintenance of fire equipment?

3. Businesses you are engaged in (Please check all that apply):

- Fire Extinguishers Kitchen Systems Backflow
- Pre-Engineered Industrial Systems Hood Cleaning
- Pre-Engineered Clean Agent Systems Fire Sprinklers
- Engineered Systems Vehicle Systems Fire Alarms
- E-Lights Security Systems Other _____

4. Please check the following reason(s) for your desire to become a member (Please check all that apply):

- Professionalism NAFED Logo Training Conferences
- Certification Publications Industry Updates
- Networking Tag program Other _____

5. Number of employees you currently employ (Please check only one):

- 1-5 6-10 11-24 25-49 50+

6. Does any jurisdiction in which you provide services require you to be licensed or certified?

Yes No

If yes, please provide a copy of the license/certificate.

7. How did you hear about NAFED?

8. Are you currently a member of any other national, state, provincial or industry related associations? If so, please list them.

Code of Ethics for Distributor Membership

We, as active members of the National Association of Fire Equipment Distributors, recognize that the products and services we provide have a significant impact on the quality of life for the entire public. As we perform our services, we will demonstrate the highest level of professionalism, personal integrity, and competence. Accordingly, we will adhere to the NAFED Code of Ethics, which states:

- We will fulfill our obligations to our clients in an efficient and competent manner and with complete honesty.
- We undertake to provide only those services for which we are competent by way of education, training, and experience.
- We strive to maintain our proficiency by a process of continually updating our knowledge and skills.
- We strive to adhere to all established codes and standards relevant to the products and services we provide.
- We do not attempt to misuse codes and standards or the process by which these codes and standards are created.
- We strive to follow all instructions established by the manufacturers of the equipment we provide or service.
- We will analyze the needs of our clients completely and professionally, and make honest recommendations to fulfill those needs based on all available information.
- We strive to warn of any condition we notice that may affect the safety, health, and well-being of our clients, their property, and their employees.
- We will keep confidential and will not misuse the proprietary business information and trade secrets of our clients.
- We will conduct ourselves in a dignified and professional manner. We will admit and accept our own errors when proven wrong.
- We will not distort or alter the facts in an attempt to justify our decisions.
- We recognize that we are invited into our clients' facilities and will conduct ourselves in a safe and professional manner. We will treat our clients' goods and property with the highest regard.

APPLICATION VERIFICATION

By signing below, I certify that all information contained in this application is true and accurate to the best of my knowledge. I have read and understood NAFED's code of ethics. I understand that failure to comply with the code of ethics is just cause for disciplinary action not to exclude expulsion from the membership. I authorize the National Association of Fire Equipment Distributors, its officers, directors, committee members and employees, ("NAFED") to review my application and I will cooperate promptly and fully in such review. I will submit to NAFED any documents and information deemed necessary to confirm the information in this application.

If accepted for membership in this association, I acknowledge the responsibility inherent with the sale and maintenance of fire protection equipment distributed by the industry. I pledge to perform the work and to serve our customers with the highest degree of honesty, skill, and integrity.

I pledge that we will perform all work in strict accordance with legally applicable national, state, provincial and local fire codes and that violation of these codes may be cause for termination from this membership association. Furthermore, I state that I have the authority to commit this firm or company to such precepts and principles.

Signature: _____ Date: _____

Print Name & Title: _____

****A full year's membership fee of \$395 U.S. must be included with your application.
Your second year's membership fee will be prorated relative to the month you are accepted.***

CHECKLIST

Prior to returning your application to NAFED, please make sure that you have completed all of the following parts of the application process.

- Complete and include pages 1, 2 & 3
- Copy of license/certificate (if applicable)
- Include a payment of \$395 U.S. by check or credit card
- Address and mail, fax or email this application to:

NAFED
 Attn: Membership Department Fax (312) 461-0777
 180 N. Wabash Ave., Suite 401
 Chicago, IL 60601
 wendyL@nafed.org

Please list any additional email addresses you wish us to send information within your organization

- Check if you'd like an additional set of mailings sent to another individual in your organization at the same address for \$40 U.S. per year. We'll send you the applicable order form to fill out and return with payment. Additional emails added above will be at no charge.

Payment Method

- VISA
 MASTERCARD
 AMEX
 CHECK ENCLOSED (payable to NAFED)

ACCOUNT NUMBER

SIGNATURE

NAME ON CARD

EXPIRATION DATE
