



# 2011 Membership Application

NKBA.org/Join

National Kitchen & Bath Association

(Students must complete the 2011 Student Membership Application.)

Please complete this form and return it to the NKBA via mail: **NKBA, 687 Willow Grove Street, Hackettstown, NJ 07840**, or fill out the online application at **NKBA.org/Join**.

NKBA USE ONLY:

Member ID#/Member Type

Tracking Code: **CHP11**

## MEMBER INFORMATION (please print all information)

Check here if you are self-employed.

Full Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_

How many employees are in your company?: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Company Website: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone (optional): \_\_\_\_\_

Cell Phone (optional): \_\_\_\_\_

Home E-mail (optional): \_\_\_\_\_

Year of Birth (optional): \_\_\_\_\_ Gender (optional):  Male  Female

How did you hear about the NKBA?: \_\_\_\_\_

\*This person will receive NKBA mailings and is responsible for updating information.

I do **NOT** want NKBA mailings to be sent to my home address.

I do **NOT** want to receive e-mail from the NKBA.

I do **NOT** want to receive mail or e-mail from third parties.

I do **NOT** want to receive a *This Old House* subscription.

Referred by: \_\_\_\_\_

(name must be included for NKBA Ambassadors' Club credit)

## Company Marketing Contact

Full Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

## CHOOSE YOUR INDUSTRY SEGMENT (select one primary segment)

Builder/Remodeler

Fabricator

Cabinet Shop

Installer

Dealer

Manufacturer or Supplier

Dec. Plumbing & Hardware

Manufacturers' Representative

Designer

Multi-Branch Retailer  
or Home Center

Distributor

Secondary segment, if applicable: \_\_\_\_\_

## SELECT YOUR MEMBERSHIP TYPE (see previous page for descriptions)

See Chart Industry Member Firm (Select Annual Dues from the chart below)

\$100 Industry Member Branch  
Corporate Member ID#: \_\_\_\_\_  
(include: branch name/#, contact name & title, address, phone, e-mail)

\$750 Associate Business Member

\$50 Individual Employee Member

\$100 Individual Employee of a Non-Member Firm

\$150 Associate Individual Employee Member

\$300 Associate Educational Member

## INDUSTRY MEMBER FIRM DUES (based on kitchen and bath revenue)

Annual Revenue*	Annual Dues	Annual Revenue*	Annual Dues
<input type="checkbox"/> Less than \$100,000	\$150	<input type="checkbox"/> \$5 - \$7 million	\$1,475
<input type="checkbox"/> \$100,000 - \$500,000	\$200	<input type="checkbox"/> \$7 - \$10 million	\$1,875
<input type="checkbox"/> \$500,000 - \$1 million	\$300	<input type="checkbox"/> \$10 - \$15 million	\$2,500
<input type="checkbox"/> \$1 - \$1.5 million	\$350	<input type="checkbox"/> \$15 - \$20 million	\$3,000
<input type="checkbox"/> \$1.5 - \$2 million	\$475	<input type="checkbox"/> \$20 - \$40 million	\$5,000
<input type="checkbox"/> \$2 - \$3 million	\$575	<input type="checkbox"/> \$40 - \$100 million	\$6,000
<input type="checkbox"/> \$3 - \$4 million	\$825	<input type="checkbox"/> \$100 - \$200 million	\$8,500
<input type="checkbox"/> \$4 - \$5 million	\$975	<input type="checkbox"/> More than \$200 million	\$9,500

\*For dues calculation purposes only. The NKBA reserves the right to verify corporate kitchen and bath revenues.

Included in your membership, if your preferred mailing address is in the U.S. or Canada, is a subscription of up to 1 year (10 issues) of *This Old House*, an estimated value of up to \$16.00 which is nondeductible from your dues. Your first issue will mail 6-10 weeks from receipt of membership application. To receive the January issue, your application must be received by November 30. All *This Old House* subscriptions will end with the December issue. This benefit does not impact the cost of your membership.

## PAYMENT (U.S. funds only)

NKBA membership dues are charged on a calendar year basis. During the first year of membership, dues are pro-rated based on the application date, according to the following guidelines:

October - March: 100% • April - June: 75% • July - September: 50%

Application Fee (one-time required fee): \$ 100

Annual Membership Dues: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

## Please indicate your form of payment:

Check made payable to the NKBA

Credit card:  Visa  MasterCard  Am. Express  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

## BYLAWS AND STANDARDS OF CONDUCT

By submitting this application, I hereby apply for NKBA membership and agree to be governed by its Bylaws and Standards of Conduct.

**NOTE:** Four (4) percent of NKBA dues are allocable to lobbying activities and are not deductible for federal tax purposes, in accordance with IRS regulations. The NKBA membership year is from January to December.

A Membership Acknowledgement Packet will be mailed within 15 business days following receipt of your application.