

**YOU MUST HAVE 2017 DUES PAID & KNOW YOUR MEMBERSHIP # TO PRE-REGISTER FOR 2017 EXPO**



# 2017 MEMBERSHIP APPLICATION

**Texas • Oklahoma • Arkansas • Louisiana • Mississippi**

**FORM INSTRUCTIONS:**

Check the appropriate non-manufacturer membership category below and select your payment option on the dues chart. Manufacturers must join through our national office.

**Dues represent a JAN thru DEC membership.  
Second page must be signed and returned with this form.**

Non-Manufacturers (Please read category descriptions on next page.)	2017 DUES	
	1 YEAR	2 YEARS
Retailer .....	\$225 <input type="checkbox"/>	\$405 <input type="checkbox"/>
Distributor .....	\$965 <input type="checkbox"/>	\$1737 <input type="checkbox"/>
Associate .....	\$965 <input type="checkbox"/>	\$1737 <input type="checkbox"/>
Manufacturers' Representative .....	\$365 <input type="checkbox"/>	\$657 <input type="checkbox"/>
Service .....	\$225 <input type="checkbox"/>	\$405 <input type="checkbox"/>
Non-Profit .....	\$225 <input type="checkbox"/>	\$405 <input type="checkbox"/>
<b>Optional donation for industry government relations</b>		\$85 <input type="checkbox"/>
As the industry continues to fight for your right to sell product, costs mount. A donation for government relations work is appreciated.		Other \$ _____ <input type="checkbox"/>

Complete this form and **mail with payment to:**

**South Central HPBA**  
2304 Huntington Drive, Suite 210  
San Marino, CA 91108  
or  
**Fax to (626) 237-0721**

Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Co. Phone (\_\_\_\_) \_\_\_\_\_ Co. Fax (\_\_\_\_) \_\_\_\_\_  
 Co. Website \_\_\_\_\_  
**Primary Contact Name** \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
**Secondary Contact Name** \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Referred By \_\_\_\_\_  
 Application Date \_\_\_\_\_ Refer By \_\_\_\_\_

**PAYMENT**

Enclosed check \$ \_\_\_\_\_ payable to **SCHPBA**  
**OR,**  
 Please charge \$ \_\_\_\_\_  
 to my \_\_\_ Visa \_\_\_ MasterCard Exp. Date: \_\_\_\_\_  
 Account #: \_\_\_\_\_ CVV #: \_\_\_\_\_  

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 Name on Credit Card: \_\_\_\_\_  
 Signature: (All credit card orders must be signed) \_\_\_\_\_  
 Credit Card Billing Address: (if different from above) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For U.S. federal income tax purposes membership dues may be deductible as business expenses, not as charitable contributions. The Omnibus Budget Reconciliation Act requires HPBA to inform each member that an estimated 20 percent of dues will be allocable to lobbying expenditures as defined by the Act and therefore are not deductible as business expenses.

Please supply email contacts for others at your firm so that we may send them newsletters:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Questions? Call (903) 533-1674 or e-mail to kaity@schpba.org**

**INDICATE YOUR MEMBERSHIP CATEGORY**

- Retailers.**  
Any individual, partnership, or entity engaged in the sale to consumers of hearth, barbecue, or patio related products. (5 EXPO Badges)
  
- Distributors.**  
Any individual, partnership, or entity engaged in the wholesale distribution to dealers or builders or other channels of distribution of hearth, barbecue, or patio related products. (8 EXPO Badges)
  
- Associates.**  
Any individual, partnership, or entity having a commercial interest in hearth, barbecue, or patio related products. (6 EXPO Badges)
  
- Manufacturer Representative.**  
Any individual, partnership, or entity engaged in providing independent sales representaton for manufacturers of hearth, barbecue, or patio related products. (4 EXPO Badges)
  
- Service.**  
Any individual or entity engaged in providing mechanical services relating to hearth, barbecue, or patio related products. (3 EXPO Badges)
  
- Non-Profits.**  
Any individual or entity engaged having a non-profit, non-commercial interest in hearth, barbecue, or patio related products. (3 EXPO Badges)

***All non-manufacturing members located within areas represented by HPBA affiliates join the affiliate and gain national membership at no additional cost.***

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**CONDITION OF ELIGIBILITY FOR MEMBERSHIP AND AGREEMENT TO ABIDE BY THE BYLAWS, DUES, AND MEMBERSHIP POLICIES OF HPBA.**

As a result of paying annual membership dues to Hearth, Patio & Barbecue Association (HPBA) and/or any association affiliated with the HPBA, I certify that we have selected the appropriate membership category, have paid the appropriate level of annual dues for this company, and upon request will provide verification of sales and/or a notarized letter attesting to membership classification and dues category for this company.

This company agrees to fully abide by all HPBA membership policies and practices including, but not limited to, all HPBA policies and practices regarding exhibiting at, participating in, and attending HPBA’s annual Hearth & Home EXPO.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_