



Membership Application

Join Today.

Complete this form and return it to: NKBA, 687 Willow Grove St, Hackettstown, NJ 07840 Note: Students must complete the Student Membership Application.

NKBA USE ONLY	
Member ID#/Member Type	_____
Tracking Code: CHPMA16	_____

Step 1: Member Information (please print all information)

Check here if you are self-employed

Full Name: _____
(this person will receive NKBA mailings and is responsible for updating information)

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): _____

Referred by: _____
(name must be included for NKBA Ambassadors' Club credit)

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.

Canadian Residents:
I wish to opt-in to receive commercial electronic communications from the NKBA.

NOTE: Due to Canada's Anti-Spam Law, we are required to ask you for your consent to receive any commercial electronic communication from the National Kitchen & Bath Association (NKBA). If you do not opt-in, you will no longer receive any emails or other electronic communication containing commercial content from the NKBA (even if you are an active member of NKBA). Non-commercial electronic messages may still be sent.

COMPANY CONTACT

Full Name: _____

Company Name: _____

Job Title: _____

Work Phone: _____

Work E-mail: _____

Step 2: Choose Your Industry Segment (select one primary segment)

<input type="checkbox"/> Builder/Remodeler	<input type="checkbox"/> Fabricator
<input type="checkbox"/> Cabinet Shop	<input type="checkbox"/> Installer
<input type="checkbox"/> Dealer	<input type="checkbox"/> Manufacturer or Supplier
<input type="checkbox"/> Dec. Plumbing & Hardware	<input type="checkbox"/> Manufacturers' Representative
<input type="checkbox"/> Designer	<input type="checkbox"/> Multi-Branch Retailer
<input type="checkbox"/> Distributor	
<input type="checkbox"/> Secondary segment, if applicable: _____	

Step 3: Select Your Membership Dues (see previous page for descriptions)

See Chart Industry Member Firm (select annual dues from the chart below)

\$112 Industry Member Branch
Corporate Member ID#: _____
(include branch name/#, contact name & title, address, phone, and e-mail)

\$842 Associate Business Member

\$56 Individual Employee Member

\$112 Individual Employee of a Non-Member Firm

\$168 Associate Individual Employee Member

\$337 Associate Educational Member

SELECT A CHAPTER OF YOUR CHOICE: _____
Otherwise, one will be assigned based on the zip code of your preferred mailing.

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	\$168	<input type="checkbox"/> \$5 - \$7 million	\$1,657
<input type="checkbox"/> \$100,000 - \$500,000	\$225	<input type="checkbox"/> \$7 - \$10 million	\$2,106
<input type="checkbox"/> \$500,000 - \$1 million	\$337	<input type="checkbox"/> \$10 - \$15 million	\$2,808
<input type="checkbox"/> \$1 - \$1.5 million	\$393	<input type="checkbox"/> \$15 - \$20 million	\$3,369
<input type="checkbox"/> \$1.5 - \$2 million	\$534	<input type="checkbox"/> \$20 - \$40 million	\$5,616
<input type="checkbox"/> \$2 - \$3 million	\$646	<input type="checkbox"/> \$40 - \$100 million	\$6,739
<input type="checkbox"/> \$3 - \$4 million	\$927	<input type="checkbox"/> \$100 - \$200 million	\$9,546
<input type="checkbox"/> \$4 - \$5 million	\$1,096	<input type="checkbox"/> More than \$200 million	\$10,669

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

Step 4: Payment

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: \$ _____ **fee waived**
(\$100 per location)

Annual Membership Dues: \$ _____

Total Enclosed (U.S. funds only): \$ _____

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. www.nkba.org/About/About/Conduct.aspx

Five (5) 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 to the address provided within 15 business days following receipt of your application.

Please return to the NKBA, 687 Willow Grove St, Hackettstown, NJ 07840.