



2001 K. Street NW, 3rd Floor North
 Washington, DC 20006
 202.367.1134 | Fax: 202.367.2134
www.dhi.org

JOIN DHI IN APRIL AND GET 14 MONTHS FOR THE PRICE OF 12! CORPORATE MEMBERSHIP APPLICATION



QUALIFICATIONS: Corporate members shall be firms or agencies engaged in the manufacturing or furnishings of products to the architectural openings industry. A corporate member shall designate one management level employee as the Executive Contact. Firm correspondence relevant to, or resulting from, membership in DHI will be sent to that individual's attention.

- Manufacturers:**
- US and Canada **\$800 USD**
 - International **\$850 USD**

- Sales Agencies:**
- US and Canada **\$500 USD**
 - International **\$585 USD**

DHI Membership year is July 1 – June 30. DHI Corporate Membership includes benefits afforded to Corporate Membership and a full DHI Individual Membership for the designated Executive Contact.

TELL US ABOUT YOURSELF

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____

WEB ADDRESS: _____

The following owner or CEO is designated as the Executive Contact for our organization

NAME: _____

TITLE: _____

WITHIN YOUR COMPANY: Sr. Level Mgmt. Mid-Level-Mgmt

IS YOUR POSITION CONSIDERED: Non-Mgmt.

PROFESSIONAL INTEREST: Networking Professional Growth

(check ALL that apply): Certification Technical/Industry Education

BIRTH YEAR (optional): _____

MY PREFERRED MAILING ADDRESS IS: Business Home

COMPANY ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

PAYMENT INFORMATION

ENCLOSED IS A CHECK OR CHARGE IN THE AMOUNT OF: \$ _____

CHARGE MY: Visa Mastercard AMEX

CHARGE ACCOUNT #: _____

EXPIRATION DATE: _____/_____/_____

CARDHOLDER BILLING ADDRESS:

NAME ON CARD: _____

COMPANY ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

CARDHOLDER'S PHONE: _____

SIGNATURE OF CARDHOLDER: _____

PLEASE RETURN APPLICATION:

BY MAIL:

DHI
PO Box 776801
Chicago, IL 60677-6801