



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! DISTRIBUTOR CORPORATE MEMBERSHIP APPLICATION

QUALIFICATIONS: Corporate Members shall be firms engaged in the furnishing of products to the non-residential door and hardware industry. A corporate member shall designate one of the members as the executive-level contact. Company correspondence relevant to, or resulting from, corporate membership in DHI will be sent to that individual's attention.



DHI Membership year is July 1 – June 30. DHI Distributor Corporate Membership includes benefits afforded to Corporate Membership and a full DHI Tier 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: _____

TELL US ABOUT YOUR EXECUTIVE KEY CONTACT

NAME: _____
TITLE: _____
BIRTH YEAR (optional): _____
EMAIL: _____
PHONE: _____ FAX: _____
MY PREFERRED MAILING ADDRESS IS: Business Home
COMPANY ADDRESS: _____
CITY: _____ ST/PROVINCE: _____
ZIP/POSTAL CODE: _____ COUNTRY: _____
SIGNATURE OF EXECUTIVE KEY CONTACT: _____
DATE: _____
REASONS FOR JOINING: Support the Industry Distribution Research
(check ALL that apply): Promotion & Marketing Education
 Technical & Business Support

SELECT MEMBERSHIP TIER

(All pricing is listed in USD)

- Tier One (Executive plus 1): \$800
- Tier Two (Executive plus 4): \$1350
- Tier Three (Executive plus 8): \$2000
- Tier Four (Executive plus 18): \$3000
- Tier Five (Executive plus 19 +): \$5000

Please contact DHI Member Services directly to sign up.

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



Door Security +
Safety Professionals

DISTRIBUTOR CORPORATE MEMBERSHIP APPLICATION CONT'D

EMPLOYEE #1

NAME: _____

TITLE: _____

EMAIL: _____
(Required)

PHONE: _____ FAX: _____

EMPLOYEE PREFERRED MAILING ADDRESS IS: Business Home

ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____

COUNTRY: _____

EMPLOYEE #2

NAME: _____

TITLE: _____

EMAIL: _____
(Required)

PHONE: _____ FAX: _____

EMPLOYEE PREFERRED MAILING ADDRESS IS: Business Home

ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

EMPLOYEE #3

NAME: _____

TITLE: _____

EMAIL: _____
(Required)

PHONE: _____ FAX: _____

EMPLOYEE PREFERRED MAILING ADDRESS IS: Business Home

ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____

COUNTRY: _____

EMPLOYEE #4

NAME: _____

TITLE: _____

EMAIL: _____
(Required)

PHONE: _____ FAX: _____

EMPLOYEE PREFERRED MAILING ADDRESS IS: Business Home

ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

EMPLOYEE #5

NAME: _____

TITLE: _____

EMAIL: _____
(Required)

PHONE: _____ FAX: _____

EMPLOYEE PREFERRED MAILING ADDRESS IS: Business Home

ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____

COUNTRY: _____

EMPLOYEE #6

NAME: _____

TITLE: _____

EMAIL: _____
(Required)

PHONE: _____ FAX: _____

EMPLOYEE PREFERRED MAILING ADDRESS IS: Business Home

ADDRESS: _____

CITY: _____ ST/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____