



# INDIVIDUAL MEMBERSHIP APPLICATION

**QUALIFICATIONS:** Any individual who is actively engaged in the architectural openings industry is eligible for membership in DHI.

**Dues:**

Annual DHI membership dues are **\$285** (U.S. and Canada)  
International dues are **\$370**

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[www.dhi.org](http://www.dhi.org)

Must be paid in US funds to DHI. **DHI Membership year is July 1, 2019 - June 30, 2020.**

<p><b>TELL US ABOUT YOURSELF:</b></p> <p>YOUR NAME: _____</p> <p>TITLE: _____</p> <p>COMPANY NAME: _____</p> <p>COMPANY ADDRESS: _____</p> <p>_____</p> <p>CITY: _____ ST/PROVINCE: _____</p> <p>ZIP/POSTAL CODE: _____ COUNTRY: _____</p> <p>PHONE: _____ FAX: _____</p> <p>EMAIL: _____</p> <p>WEB ADDRESS: _____</p> <p>BIRTH YEAR: (optional) _____</p> <p>CATEGORY: (check one) <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Sales Agency</p> <p><input type="checkbox"/> Specifier <input type="checkbox"/> _____</p> <p>PROFESSIONAL INTEREST: (check all that apply) <input type="checkbox"/> Networking <input type="checkbox"/> Professional Growth</p> <p><input type="checkbox"/> Certification <input type="checkbox"/> Technical/Industry Education</p> <p>WITHIN YOUR COMPANY, IS YOUR POSITION CONSIDERED: <input type="checkbox"/> Sr. Level Mgmt. <input type="checkbox"/> Mid Level Mgmt.</p> <p><input type="checkbox"/> Non-Mgmt.</p> <p>MY PREFERRED MAILING ADDRESS IS: <input type="checkbox"/> Business <input type="checkbox"/> Home Office</p> <p>HOME OFFICE ADDRESS: _____</p> <p>_____</p> <p>CITY: _____ ST/PROVINCE: _____</p> <p>ZIP/POSTAL CODE: _____ COUNTRY: _____</p> <p>SIGNATURE OF APPLICANT: _____</p> <p>DATE: _____</p>	<p><b>PAYMENT INFORMATION:</b></p> <p>ENCLOSED IS A CHECK OR CHARGE IN THE AMOUNT OF: \$ _____</p> <p>CHARGE MY: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX</p> <p>CHARGE ACCOUNT #: _____</p> <p>EXPIRATION DATE: _____ / _____</p> <p><b>CARDHOLDER BILLING ADDRESS</b></p> <p>NAME ON CARD: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>CITY: _____ ST/PROVINCE: _____</p> <p>ZIP/POSTAL CODE: _____ COUNTRY: _____</p> <p>CARDHOLDER'S TELEPHONE #: _____</p> <p>SIGNATURE OF CARDHOLDER: _____</p> <p><b>PLEASE RETURN APPLICATION:</b></p> <p><b>BY MAIL:</b> DHI, 14150 Newbrook Drive, Suite 200, Chantilly, VA 20151</p> <p><b>BY FAX:</b> 703.222.2410</p>
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For questions or additional information, please contact Member Services at 703.222.2010 or [memberservices@dhi.org](mailto:memberservices@dhi.org).  
Membership valid through June 30, 2020.