

National Independent Fire Alarm Distributors Association 1001 Office Park Road, Suite 105 • West Des Moines, Iowa 50265 Phone/Fax: 515/440-6057 apmsthomas@aol.com www.nifad.com

## **Membership Application**

				Distributor Member
<u></u>			_	Annual Dues: \$500
Firm Name				Affiliate Member Annual Dues: \$600
Business Address				Supplier Member Annual Dues: \$600
City/Town State	Zip		Amou	int Enclosed □ \$500 □ \$600
Business Phone	Fax		AFAA	Member □ Yes □ No
Home Phone (Optional)	Spouse Name		Busin	ess Form: Corporation
E-Mail Address	Website	<del></del>		Partnership
				Proprietorship
Chief Executive Officer	Title		Firm Established: Month Year	
Official N.I.F.A.D. Representative	Title			World Four
			Pleas	e complete the enclosed profile.
Alternate Representative (if any)	Title			
N.I.F.A.D. Active Member Reference	s			
Name Con	npany	Addre	ess	
	TIVES AND AGREE TO F SIVE OF MY TIME AND A TITHIN THE LIMITS OF R	BILITY TO ASSI	ST THE	
Signature of Applicant		Date	<del> </del>	
Approved—NIFAD Board of Directors		Date		

## National Independent Fire Alarm Distributors Association

## **OBJECTIVES**

- To provide a linkage of Distributors who know each other personally and who have common goals.
  - To receive input from specialized sources at Association meetings in the field of: Equipment, Codes, Law, Insurance, Operations, Legislation, Finance, and Regulations.
  - 3. To stimulate and effect meaningful communication through the sharing of information and knowledge regarding business practices and procedures.
  - 4. To establish service, installation, and certification standards.
  - 5. To support Distributors having special equipment needs.
  - 6. To encourage the development of desirable codes and regulations.
  - 7. To gain and maintain a unity of quality Distributors.
  - 8. To help solve mutual problems.