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MEMBERSHIP APPLICATION

Business Name (DBA): _____

Corporate Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Owner/Contact Person: _____ Title: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Web Address: _____

ANNUAL MEMBERSHIP INVESTMENT



- ART Headquarters.....\$390
- ART Member.....\$120

AMOUNT \$ _____

- CHECK ATTACHED
Make checks payable to Home Furnishings Independents Association (HFIA)
- CHARGE TO
 MasterCard Visa Discover American Express

FOR CREDIT CARD PAYMENT

Account Number: _____

Expiration date: _____ / _____

Print Name on Card: _____ Cardholder's Signature: _____

Billing Address: _____ City _____ ST _____ Zip _____

For federal income tax purposes, membership dues to Home Furnishings Independents Association are deductible as a *Business Expense*, instead of a charitable contribution. Five percent of your dues are non-deductible because of HFIA's legislative lobbying activities. Home Furnishings Independents Association's Code of Ethics: Each HFIA member operates an ethical business by representing goods fairly; striving for the satisfaction of customers; complying with existing local, state and federal laws; not disparaging competition, and striving to strengthen confidence in the industry. I hereby apply for membership in Home Furnishings Independents Association and agree to abide by the HFIA Code of Ethics. I confirm that the above information is true and correct.

Signature: _____ Title: _____ Date: _____

HFIA USE ONLY	Received	Renewal Month	Member No.	Member Type	Kit Sent	Approved
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