



# Membership Application

NKBA USE ONLY
Member ID#/Member Type _____
Tracking Code: _____

## Step 1: Member Information (please print all information)

Check here if you are self-employed

Full Name: \_\_\_\_\_  
(this person will receive NKBA mailings and is responsible for updating information)

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_

How many employees are in your company? \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Company Website: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone (optional): \_\_\_\_\_

Cell Phone (optional): \_\_\_\_\_

Home E-mail (optional): \_\_\_\_\_

Referred by: \_\_\_\_\_

I do **NOT** want NKBA mailings to be sent to my home address.

I do **NOT** want to receive e-mail from the NKBA.

I do **NOT** want to receive mail or e-mail from third parties.

**Canadian Residents:**  
I wish to opt-in to receive commercial electronic communications from the NKBA.

NOTE: Due to Canada's Anti-Spam Law, we are required to ask you for your consent to receive any commercial electronic communication from the National Kitchen & Bath Association (NKBA). If you do not opt-in, you will no longer receive any emails or other electronic communication containing commercial content from the NKBA (even if you are an active member of NKBA). Non-commercial electronic messages may still be sent.

## COMPANY CONTACT

Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

## Step 2: Choose Your Industry Segment

Select one primary segment

Manufacturing  Industry Partner - Trade Association, Media, Etc

Retail Sales

Design

Building & Construction

## Step 3: Select Your Membership Dues

See Chart Industry Member Firm (select annual dues from the chart below) (MEMB)

\$115 Non-Revenue Branch Location

\$925 Associate Business Member (Industry Partner) (IP)

\$400 Individual Employee of a Non-Member Firm (IM)

\$400 Associate Individual Employee Member Associate (IM)

\$225 Branch Location (MEMB)

**SELECT A CHAPTER OF YOUR CHOICE:** \_\_\_\_\_  
Otherwise, one will be assigned based on the zip code of your preferred mailing.

### INDUSTRY MEMBER FIRM DUES (based on kitchen and bath revenue)

Annual Revenue*	Annual Dues	Annual Revenue*	Annual Dues
<input type="checkbox"/> Less than \$100,000	\$185	<input type="checkbox"/> \$10 – \$15 million	\$3,100
<input type="checkbox"/> \$100,000 – \$500,000	\$250	<input type="checkbox"/> \$15 – \$20 million	\$3,700
<input type="checkbox"/> \$500,000 – \$1 million	\$370	<input type="checkbox"/> \$20 – \$40 million	\$6,175
<input type="checkbox"/> \$1 – \$1.5 million	\$430	<input type="checkbox"/> \$40 – \$100 million	\$7,400
<input type="checkbox"/> \$1.5 – \$2 million	\$590	<input type="checkbox"/> \$100 – \$200 million	\$10,500
<input type="checkbox"/> \$2 – \$3 million	\$710	<input type="checkbox"/> \$200 – \$500 million	\$11,750
<input type="checkbox"/> \$3 – \$4 million	\$1,025	<input type="checkbox"/> \$500 – \$750 million	\$12,500
<input type="checkbox"/> \$4 – \$5 million	\$1,200	<input type="checkbox"/> \$750 – \$1 billion	\$15,000
<input type="checkbox"/> \$5 – \$7 million	\$1,800	<input type="checkbox"/> > \$1 billion	\$17,500
<input type="checkbox"/> \$7 – \$10 million	\$2,325		

\*For dues calculation purposes only. The NKBA reserves the right to verify corporate kitchen and bath revenues.

## Step 4: Payment

NKBA membership is good for 12 months from the date of processing.

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Annual Membership Dues: \$ \_\_\_\_\_

Total Enclosed (U.S. funds only): \$ \_\_\_\_\_

### PLEASE INDICATE YOUR FORM OF PAYMENT

Check made payable to the NKBA

Credit card:  Visa  MasterCard  AMEX  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVC Security Number (3 digits or 4 digits for AMEX): \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

Please return to the NKBA, 687 Willow Grove St, Hackettstown, NJ 07840