



HVAC Duct Pipe & Fittings

Air Distribution Institute

4415 W. Harrison, Suite 540, Hillside, IL 60162

Phone: 708-449-2933, Fax: 708-449-0837

Email: linda@mc-hugh.us

MANUFACTURER APPLICATION – ADI MEMBERSHIP

I hereby make application for membership in the Air Distribution Institute, as a manufacturer and seller of duct, pipe and fittings used for the air distribution industry. If approved to membership, I agree to accept and abide by all of the By-Laws now in force and as amended from time to time. In making application for membership, I hereby waive all claims against the Institute, its officers, directors and all members arising out of any act in connection with the acceptance or rejection of this application, or any action taken by the Arbitration Committee of the Institute.

Company information (print name exactly as it is to appear in all Air Distribution Contact Information)

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Company E-mail: _____ Web: _____

Complete this section only if applicable

Legal Name of Company (if different): _____

Subsidiary or Division of (if applicable): _____

Additional Business Entities _____

Form of business organization (check one)

Sole Proprietorship Partnership Corporation Other: _____

Primary representative:

Name: _____ Title: _____

Individual E-mail (if different than company): _____

Address (if different than company): _____

City: _____ State: _____ Zip: _____

Phone (if different) : _____ Fax (if different): _____

Other representatives

Name: _____ Title: _____

E-mail: _____ Fax (if different): _____

Name: _____ Title: _____

E-mail: _____ Fax (if different): _____

Business References. List three manufacturers, suppliers, or distributors with whom you do business and list other association memberships:

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Memberships: ASHRAE HARDI OTHER _____

Dues Payment – Member Dues, current to 12/31/17, Rate: \$3000

- Check made payable to “Air Distribution Institute”, Mail completed application with check to:
ADI, 4415 W. Harrison St., Suite 4540, Hillside, IL 60162
- FAX to ADI, 708-449-0837, invoice will be sent
- Email to linda@mc-hugh.us, invoice will be sent

I hereby agree in entirety and without reservation to the first paragraph of this membership Application. Further, I hereby certify that all information in this Application is true, complete and correct to the best of my knowledge. ADI membership is complete upon approval and receipt of payment in full.

Signature of Officer, Partner or Owner: _____

Print Name: _____ Title: _____ Date: _____

Provide a brief paragraph, describing your firm’s business. Will be used on the ADI website (www.steelduct.org)

Empty box for providing a brief paragraph describing the firm's business.