



## Member Information (continued)

Please tell us about your company products line(s):

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Do you manufacture products in the U.S.? If so, please name manufacturing facility locations:

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Are you engaged in the manufacture and sale of any seasonal products besides Halloween products? If so, please specify:

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Does your firm have subsidiaries? If so, please name:

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List other organizations and/or association of which your company is a member:

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## References

Business Reference (two required):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Bank Reference:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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## Dues Schedule & Payment

### Annual Sales

### Dues

- |   |          |
|---|----------|
| <input type="checkbox"/> Less than \$1 million                        | \$500    |
| <input type="checkbox"/> Over \$1 million but less than \$5 million   | \$1,000  |
| <input type="checkbox"/> Over \$5 million but less than \$10 million  | \$2,000  |
| <input type="checkbox"/> Over \$10 million but less than \$25 million | \$5,000  |
| <input type="checkbox"/> Over \$25 million                            | \$10,000 |

 Please send application and payment to:

HIA ▪ 15000 Commerce Parkway ▪ Suite C ▪ Mount Laurel, NJ 08054

Checks should be made payable in-full to HIA. At this time, we are unable to accept credit cards. If you are unable to pay by check, please contact the office and we will notify you once payment by credit card becomes available.

I hereby certify that the above information is true and correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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