



Membership Application

Internal Use Only:

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

☐ Retail Sales

☐ Design

☐ Building & Construction

☐ Industry Partner - Trade Association, Media, etc.

Step 3: Select Your Membership Dues

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

☐ \$115 Non-Revenue Branch Location

☐ \$925 Associate Business Member (Industry Partner)

☐ \$400 Individual Employee of a Non-Member Firm

☐ \$400 Associate Individual Employee Member Associate

☐ \$225 Branch Location

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		

Step 4: Payment

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

Annual Membership Dues: \$ _____

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

Today's Date: ____/____/____

PLEASE INDICATE YOUR FORM OF PAYMENT

☐ Check made payable to the NKBA

Credit card: ☐ Visa ☐ MasterCard ☐ Am. Express ☐ Discover

Card Number: _____

Expiration Date: _____

Signature: _____

Cardholder's Name (please print): _____

CVV Security Number (3 digits or 4 digits for AmEx): _____

Referred by: _____

NKBA

NATIONAL
KITCHEN+BATH
ASSOCIATION

Position Your Company
with the Industry Leader

BECOME AN NKBA MEMBER

► **Join Today**

Stephanie A. Bruntz, CKD

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