

## AUTOMATION SOLUTION PROVIDER MEMBERSHIP APPLICATION

\$1,225 membership fee, \$925 meeting voucher, and \$250 one-time initiation fee. Do not submit payment for the dues. You will be invoiced when notified of admittance.

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ (Please enter numbers, no spaces or dashes, ex: 5553334444.)  
 Email \_\_\_\_\_ WWW \_\_\_\_\_

Name of Individual Completing Application \_\_\_\_\_  
 Senior Management Contact \_\_\_\_\_

1. How many years has your company been in business? \_\_\_\_\_
2. How long have you been continuously distributing industrial automation products? \_\_\_\_\_
3. Does any manufacturer, for whom you distribute products, have direct or indirect control over the operation of your business?  Yes  No

If yes (now or ever) please explain in detail: \_\_\_\_\_

4. List the IAP products you sell or attach to this application: \_\_\_\_\_

5. Check the Product Categories that you operate within.

- Variable Speed Drives  Computer & PLC Peripherals  Data Collection Products  Electronic Sensors  
 Industrial Automation Software  HMI/Industrial Computers  Instrumentation  Machine Safety  
 PLC/PC-based Controls  Motion Control Products  Motor Control Products PLC/PC Based  
 Power Transmission  Networking Technologies  Pneumatics  Hydraulics  Machine Vision  Other

6. Check the category below that best represents the total dollar volume of industrial sales of products and services for your ASP organization projected for the current year:

- Under \$1 Million  \$4 - \$8 Million  \$15 - \$25 Million  
 \$1 - \$4 Million  \$8 - \$15 Million  Over \$25 Million

7. Check the categories below that best represent the AVERAGE annual dollar volume of the industrial sales for your ASP organization over each of the past three (3) years:

- Under \$1 Million  \$4 - \$8 Million  \$15 - \$25 Million  
 \$1 - \$4 Million  \$8 - \$15 Million  Over \$25 Million

8. What percent of your ASP organization's **total operating income** for the past twelve months (or for your most recently completed fiscal year) came from buying and reselling of IAP? \_\_\_\_\_

9. What percent of your **total company's (all divisions) sales**, by dollar volume, for the past twelve months (or for your most recently ended fiscal year) came from IAP sales? \_\_\_\_\_

10. Do you currently own and maintain inventory at the ASP location applying for this membership? \_\_\_\_\_

**11. For statistical purposes, identify the number of employees involved in your ASP organization by filling in the following:**

How many application engineers/product specialist? \_\_\_\_\_ How many field sales employees? \_\_\_\_\_  
How many inside sales employees? \_\_\_\_\_ How many warehouse/delivery support personnel? \_\_\_\_\_  
How many administrative/clerical support personnel? \_\_\_\_\_ Total number of employees \_\_\_\_\_

*Note: If an employee provides more than one function above, place him/her in the most appropriate category only, so that the final total number of employees is correct.*

**12. The next section helps us understand the value-added services that your ASP organization provides and, therefore, the answers to these questions are very important to the Board. Please answer with respect to the current year with a Yes or No.**

a. Do you have one or more members of your sales force factory-trained to an application support level for each of your IAP product lines? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

b. Do you provide application engineering support for your customers through field sales/additional support personnel? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please be specific: \_\_\_\_\_

c. Do you provide product application education through seminars, schools, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, be specific, including frequency of such events: \_\_\_\_\_

d. Do your sales presentations include live product and are they conducted in a demonstration room/laboratory your facility provides for such presentations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please be specific: \_\_\_\_\_

e. Do you provide post-order product service and warranty support after the sale and how is warranty support handled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please be specific: \_\_\_\_\_

f. Do you offer customer product installation and/or start-up assistance? Is this work done directly or indirectly by your organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate: \_\_\_\_\_

g. Are there other value-added services that you feel distinguish your organization from your competitors? Yes \_\_\_\_\_ No \_\_\_\_\_

Please elaborate: \_\_\_\_\_

**14. OPTIONAL: Please list any manufacturers you feel should be considered for AHTD membership:** \_\_\_\_\_

**15. CERTIFICATE OF APPLICATION**

The following section must be completed in order to be considered for membership in AHTD:

The Senior Executive responsible for all sales philosophy, distribution policies, and operations for Industrial Automation Products (IAP) must agree to and in fact attend at least one meeting per year. While the Senior Executive is urged to attend two meetings per year, only one is required to maintain membership privileges. I certify that all of the information submitted within this application is correct and in order. Additionally, I confirm that the Senior Executive described above will attend and participate in AHTD meetings, as required under AHTD bylaws. I acknowledge that to become an Automation Solution Provider member of AHTD, an applicant must fulfill the ASP Eligibility Requirements for the current year, and for the three full years immediately preceding membership, and during the course of membership.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*The submit button works best when the application is saved to your computer first.*