



AVIATION DISTRIBUTORS AND MANUFACTURERS ASSOCIATION

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APPLICATION FOR MEMBERSHIP IN THE DISTRIBUTOR MEMBER DIVISION

The undersigned, being engaged in the business providing to those who manufacturer and or distribute aviation parts, equipment and supplies, hereby applied for Active Membership in the Distributor Division of the Aviation Distributors and Manufacturers Association and agrees to subscribe to its Constitution and By-Laws.

Name of Company: _____

Street Address: _____

City, State, Zip: _____

Date: _____ Telephone Number: _____

Signature: _____ Email Address: _____

I understand that by providing the email address above, on behalf of the company/ organization specified above, I am authorized to and hereby consent for the company/organization to receive emails sent by or on behalf of the AVIATION DISTRIBUTORS AND MANUFACTURERS ASSOCIATION.

President: _____ Vice President: _____

Secretary: _____ Treasurer _____

Secretary: _____ General Manager _____

Partners: _____

Others (with titles): _____

Corporation Partnership Other

If your company is a separate division or subsidiary of a company or corporation, please provide the following information:

Name of company: _____

Address of company: _____

Please answer the questions below:

Have you been in the business of wholesale distribution of aviation lines for a minimum of three years?

Yes _____ No _____

Do you purchase at least five aviation product lines from manufacturers under formal distribution agreements?

Yes _____ No _____

Do you maintain a verifiable inventory of such aviation lines?

Yes _____ No _____

Do you have an established business selling such aviation lines to wholesale customers where "wholesale" is defined as sales to resellers and installation facilities?

Yes _____ No _____

Do you have a registered established non-residential place of business that is staffed full-time?

Yes _____ No _____

Do you have at least one full-time salesperson?

Yes _____ No _____

Please complete the dollar amounts and percentages below:

Total Aviation Part Sales	\$ _____	_____ %
Total Wholesale Sales	\$ _____	_____ %
Total Retail & Storefront Sales	\$ _____	_____ %
Total Other Sales	\$ _____	_____ %
TOTAL	\$ _____	_____ %

Provision of Financials: Please note that privately owned Distributor applicants have the option to not provide ADMA with their financials. Said applicants must provide verification of financial good standing from a third-party Certified Public Accountant. Dues are based on verified financials and are only shared with the Executive Director of ADMA. Prospective Distributor Members who chose not to provide financials will be assessed a dues level of \$2,700 or the highest dues level at present time.

Check List:

Applicant is attaching a copy of its latest audit financials statement of verification of sales figures and other financial data by Certified Public Accountant, as a requirement of Membership. This will be maintained in total confidence by the ADMA staff.

If the applicant is a privately owned company, the applicant must provide authorized documentation from an independent auditor which verifies that the applicant's company is in good financial standing and the dues amount to be paid to ADMA.

Certification: I certify that the foregoing information is correct according to the minute books and the financial records, books and accounts of the applicant company,

Signature: _____ Firm: _____

Title: _____ Date: _____

Identify the aviation product lines your distribution organization actively stocks and holds inventory for distribution and resale:

Identify by aviation line those manufacturers from whom your company purchases product per the terms of the applicable distribution agreement. Submit your Distributor Agreements representing a sampling of your manufacturer lines. (You must submit a minimum five agreements.)

It is understood that the applicant must meet and continue to meet the ADMA eligibility requirements for the duration of its membership.

Company: _____

Official: _____

Signature: _____ Date _____

Referred by (if applicable): Name: _____ Company: _____

FOR ADMA USE ONLY:

Approved by the Board of Directors:

Date: _____ Signature: _____

(Executive Director)