



**Safety Equipment  
Distributors  
Association Inc.**

# DISTRIBUTOR

## MEMBERSHIP APPLICATION

We, the undersigned, hereby apply for membership in the Safety Equipment Distributors Association, Inc. (SEDA), a trade association, incorporated under the laws of Virginia as a non-profit association. The undersigned agrees to abide by all present and future bylaws of the association, all rules and regulations as may be established by the board of directors, to attend meetings whenever possible, to cooperate with fellow members and to work for the best interests of the membership.

Company: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Internet: www. \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Date: \_\_\_\_\_ Total number of employees \_\_\_\_\_

The information contained in this application will be used to determine your qualifications for membership in accordance with SEDA bylaws. The entire application must be considered for membership.

**A. Is your company publically held or privately held?** \_\_\_\_\_

**B. Our company has been in the safety equipment industry since** \_\_\_\_\_

**C. What do you consider your core business to be?** \_\_\_\_\_

**D. How did you first learn about SEDA?** \_\_\_\_\_

**E. Were you referred by a SEDA member?** Yes  No

If so, who? (name/company): \_\_\_\_\_

**F. What do you expect to gain from your SEDA membership?** \_\_\_\_\_

**G. What other Safety Associations do you belong to?** \_\_\_\_\_

**H. What Safety Industry Events have you participated in during the past 5 years?** \_\_\_\_\_

**I. Does your company provide safety training?** Yes  No  *If yes, please specify what type of training offered and attach documentation* \_\_\_\_\_

**J. Our SEDA voting representatives will be (name and title please):**

Representative (name/title): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate (name/title): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

K. Do you have branch locations? Yes  No  If yes, how many? \_\_\_\_\_

Locations: \_\_\_\_\_

L. What types of customers do you supply safety products to?

General Industry  Municipalities  Construction  Fire  Other

If other please list: \_\_\_\_\_

M. **Membership Requirements** –To be eligible for membership, applicants shall initial the blank space provided certifying that you have read, understand and will comply with each of the following requirements. Failure to complete all information will result in a processing delay.

1. **Sell major safety equipment lines totaling \$500,000 or more of annual gross sales to the extent that at least 60 percent of those sales fall into four or more of the following 20 categories of products. Please list authorized the suppliers for which you are a direct distributor for the following categories of products. Manufacturers may be contacted by SEDA for verification.**

*Category – Check at least four categories to be considered for membership*

- |   |  |
|---|--|
| <input type="checkbox"/> AED                          | <input type="checkbox"/> Hand Protection         |
| <input type="checkbox"/> Emergency Showers & Eye Wash | <input type="checkbox"/> Head Protection         |
| <input type="checkbox"/> Ergonomic Products           | <input type="checkbox"/> Hearing                 |
| <input type="checkbox"/> Eye/Face Protection          | <input type="checkbox"/> Protective Apparel      |
| <input type="checkbox"/> Fall Protection              | <input type="checkbox"/> Respiratory Protection  |
| <input type="checkbox"/> Fire Protection Products     | <input type="checkbox"/> Safety Training         |
| <input type="checkbox"/> First Aid Products           | <input type="checkbox"/> Signs                   |
| <input type="checkbox"/> Flammable Storage & Handling | <input type="checkbox"/> Spill Control Products  |
| <input type="checkbox"/> Foot Protection              | <input type="checkbox"/> Traffic Safety Products |
| <input type="checkbox"/> Gas Detection                | <input type="checkbox"/> Other Products          |

List Your Top 5 Safety Equipment Suppliers with Contact, E-mail & Telephone

Initial

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

- 2. Be a legal business entity or a clearly separate operating division of a legal business entity doing business in North America and dealing in safety equipment distribution, as defined by the bylaws for at least one year prior to making application. \_\_\_\_\_
- 3. Required payment of one year's dues in advance is enclosed. \_\_\_\_\_
- 4. What is your minimum safety equipment inventory in dollars? \$ \_\_\_\_\_
- 5. Not be a manufacturer of more than 40 percent of the safety equipment products that you sell. \_\_\_\_\_
- 6. Submit, in support of this application, a line card, catalog, and/or other pieces of company literature listing products distributed and authorized manufacturers represented. \_\_\_\_\_

I certify that the information contained herein is accurate and complete. We will furnish additional information upon request. If we are approved for membership and our membership in the association is later terminated for any reason, we agree to discontinue all use of the association name, emblem and any other reference which would in any way imply that in the conduct of our business, we have any connection with the association.

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

**Your dues are deductible as an ordinary  
and necessary business expense, and are not  
deductible as a charitable contribution.**

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