

APPLICATION FOR MEMBERSHIP

Our firm hereby applies for non-transferable Membership in the International Hurricane Protection Association (IHPA), a non-profit Association. It is hereby agreed that if said firm is accepted for membership in IHPA, it will comply with all the provisions of the IHPA Bylaws, Code of Ethics and Policies. It is also recognized that the firm will not be accepted for membership in IHPA unless it meets

The requirements set forth in the IHPA Bylaws and as further defined within this application.

Sponsor: A "Sponsor" is an IHPA Member who interested you in filing this application. It is not mandatory that you have a sponsor for the Board to act favorably on this application; however, if one or more Members recommended membership to you, we would like to thank them.

Sponsor Name: _____

_____Company Name: _____

2. MEMBERSHIP CLASSIFICATION

Read the Membership classifications below and check the box (one only) that best describes your firm's classification, based on the dominant portion of your business' income.

Supplier: Firms, which supply raw materials, which are subsequently turned into manufactured products, use for hurricane and windstorm protection.

Manufacturer: Firms, which take raw materials and modify and/or finish them into manufactured products used for hurricane and windstorm protection.

Contractor: Firms which sell and/or install finished products used for hurricane and windstorm protection at the retail level. This classification may include contractors and installers as well as retail sellers.

Associate: Architects, engineers, testing laboratories and other similar entities, which provide services to contractors and others in bringing windstorm protection products to market.

IHPA PO Box 292707 Davie, FL 33329 Toll Free: 844-516-IHPA (4472) or info@inthpa.com



Governmental Agency: Branches of government, which are involved in the promulgation and/or enforcement of codes and regulations governing hurricane and windstorm protection products.

Affiliate: Firms such as insurance companies, wireless phone providers and others that provide goods and/or services, which goods and/or services are not for resale.

Reciprocal: Trade Associations that exchange membership in each other's associations. Only the Trade Associations in name are members. This is for the sole purpose of exchanging and sharing ideas and issues that are common to each other.

3. DUES SCHEDULE

Yearly dues for Suppliers, Manufacturers and Contractors are based on gross sales volume in hurricane and windstorm protection for the year immediately preceding. Please check the one that applies to your firm or organization and circle your selected total.

Choose Category:

Fee Schedule: (Select One)

| Supplier | |
|-------------|--|
| Manufacture | |
| Contractor | |

| Under \$0.5 Million | \$275.00 | |
|---------------------|------------|--|
| \$0.5 - \$1 Million | \$330.00 | |
| \$1 - \$2 Million | \$385.00 | |
| \$2 - \$3 Million | \$495.00 | |
| \$3 - \$5 Million | \$655.00 | |
| \$5 - \$10 Million | \$845.00 | |
| \$10 - \$15 Million | \$1,155.00 | |
| Over \$15 Million | \$1,705.00 | |

| Choose Category: | <u>Fee</u> : | | |
|-------------------|--------------|----------|--|
| Associate Member | | \$275.00 | |
| Affiliate Member | | \$275.00 | |
| Government Agency | | \$0 | |
| Reciprocal | | \$0 | |

*Volume based on the hurricane protection product sales. ** Hurricane protection product sales volume numbers will be kept confidential.

Payment of dues must be received with your application. Please see Attachment #1 – Payment of Dues.

The use of the IHPA logo is an expressed privilege of membership, and failure to renew your membership or if membership is revoked for any reason, your use of the IHPA logo will be forfeited immediately.

4. CONDITIONS OF MEMBERSHIP

- Members will adhere to the Association's Code of Ethics, Policies and Bylaws. Members will pay all applicable fees and dues in a timely manner and maintain appropriate license(s) and insurance.
- Members will not in any manner offer, advertise, promote or infer any product(s) as suitable for hurricane and windstorm protection other than those which have been fully tested and approved under the standards set forth by any one of the following: The Florida Building Code, Miami-Dade County, Texas Department of Insurance, International Code Council - ER or other agency whose standards the IHPA may come to recognize.



Members in good standing may exercise the privilege of displaying the IHPA Logo. The Logo may not be • altered in any manner except by request and approval. The Logo may not be displayed in conjunction with any product or promotion which is in violation of the IHPA Code of Ethics, Bylaws or Policies. The IHPA Board of Directors reserves the right to demand immediate removal of the IHPA Logo from any location it deems inappropriate.

Applicants who offer hurricane and windstorm protection products must submit Attachment #2 - Products and Services

5. MISCELLANEOUS

The following applies to all applicants for membership, whether or not membership is approved by the IHPA, to membership and to members whose memberships have lapsed, expired or terminated by the IHPA:

- Venue in any dispute shall lie in state court in Palm Beach County, Florida and Florida law shall govern the dispute.
- In the event of any dispute between the parties, the prevailing party shall be entitled to recover from the losing party, reasonable costs and attorneys' fees, including those incurred in connection with an appeal or bankruptcy proceedings; attorneys' fees shall include those incurred in connection with the entitlement and amount of attorneys' fees.
- This paragraph (5) shall survive the lapse, expiration or termination of membership. •

I have read and understand the conditions of membership and agree to abide by same. I certify that the category of membership and dues level is a truthful representation of my/our business or organization. I further understand that noncompliance with any of the terms and conditions of membership may result in action by the Board of Directors which could include refusal or termination of membership.

Authorized Signature: _____ Date: _____

Please send this application to: PO Box 292707 Davie, FL 33329



APPLICATION ATTACHMENT #1

| Applicant: | | |
|---------------------------------------|---------------------------------|-----------------------|
| Name: | | |
| Organization: | | |
| Membership Classification: | | |
| Membership (Calendar) Year: | | |
| Payment: | | |
| Amount (\$): Dues Initiation Fe | eeTotal | |
| Check # (Payable to IHPA in US m | nonies drawn on a US bank) | |
| Money Order: | | |
| VISA Card # | Expiration Date: | CVV # |
| MasterCard # | Expiration Date: | CVV # |
| AMEX Card # | Expiration Date: | CVV # |
| Credit Card Billing Address Zip Code: | (Required for processing of all | credit card payments) |
| Name as appears on card (print): | | |
| Card Holder Signature: | Date | e: |

Tax Information: Membership dues are not tax deductible as charitable contributions, although they may be deductible as a regular business expense.



APPLICATION ATTACHMENT #2

Products and Services: _____

Company Name

| Approving Agency: | Approval #: |
|-------------------|-------------------|
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| | |
| | Approving Agency: |

| Services (s): | | |
|---------------|------|--|
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| | | |
| | | |
| | | |

Comment (s):

Authorized Signature: _____ Date: _____

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