



Halloween & Costume Association Application for Regular Membership & Affiliate Manufacturer Membership

Membership Eligibility Certification

Regular Member — Any corporation, partnership or individual maintaining a place of business in the United States, Canada or Mexico and engage in the manufacture, importation or distribution of Halloween products (accounting for a minimum of 50% of its overall business) bearing its own name and/or trademark for general sale to retail distribution channels, is eligible for regular membership, providing such applicant is not also primarily engaged in the retailing, wholesaling or sales representation of Halloween products.

Please initial below:

____ I certify that the applicant company meets the above membership criteria.

Affiliate Manufacturer Member — Any corporation, partnership or individual maintaining a place of business in the United States, Canada or Mexico and engage in the manufacture, importation or distribution of products (such as party supplies, novelties, balloons, candy, other holidays, etc.) and has an interest in Halloween (less than 50% of overall business), bearing its own name and/or trademark for general sale to retail distribution channels, is eligible for affiliate manufacturer membership, providing such applicant is not also primarily engaged in the retailing, wholesaling or sales representation of Halloween products. Affiliate members shall not have the power to vote or serve on the board of directors but may serve on committees.

Please initial below:

____ I certify that the applicant company meets the above membership criteria.

Member Information

Contact information provided will appear on all membership information.

Company Name _____

Primary Contact _____

Address _____

City _____ State/Zip _____ Country _____

Phone _____ Fax _____

Email Address _____

Website _____

Company President/CEO: _____

Date business was established: _____

Type of business

- Corporation (under laws of State or Province and Country)
- Partnership
- Sole Ownership

Please indicate the nature of your business: Total should equal 100%

Manufacturing _____%

Licensing _____%

Importing _____%

Other _____%

If other, please describe: _____

Please select the primary Halloween product your company manufactures:

- Costume Décor Novelty
- Party Supplies Other

Please describe: _____

Member Information (continued)

Please tell us about your company products line(s):

Do you manufacture products in North America? If so, please name manufacturing facility locations:

Does your firm have subsidiaries? If so, please name:

List other organizations and/or association of which your company is a member:

Does your company maintain Halloween inventory in a warehouse(s) located in North America? If so, please indicate locations:

Apply online at www.hiaonline.org

References

Business Reference

Please provide (2) two HALLOWEEN or COSTUME companies as industry references:

Name: _____

Address: _____

Name: _____

Address: _____

Bank Reference:

Name: _____

Address: _____

Dues Schedule & Payment

Annual Dues Schedule — Based on Overall Sales

- Up to \$4,999,999\$1,000
- \$5 – \$10 million\$2,500
- \$10 million – \$50 million\$5,000
- Over \$50 million \$10,000

Please send application and payment to:

HCA • 1120 Route 73 • Suite 200 • Mount Laurel, NJ 08054

I certify that the applicant company meets the above membership criteria.

Enclosed is a check made payable to HCA.

Please charge my credit card in the amount of \$ _____

Visa MasterCard American Express

Account Number: _____ Expiration: _____

Cardholder Name: _____ Signature: _____