



Facility Membership

For Year **2024**

ANDI International

74 Woodcleft Ave., Freeport NY 11520 USA

E-mail: ANDI@andihq.com Website : www.andihq.com Tel : 516-546-2026 • Fax : 516-546-6010

First Year Membership Fee: US\$350. per location USA address / US\$395. per location non-USA address

Renewal Membership Fee (prior to Jan 15, 2021): US\$250. per location USA address / US\$295. per location non-USA address

Renewal Membership Fee (after Jan 15, 2021): US\$295.00 per location USA address / US\$ 340.00 per location non-USA address

Facility Name _____ Facility No. _____

Address _____

City / State / Zip Code / Country _____

Telephone _____ Fax _____ E-Mail _____

Website Address _____

Contact Person _____

Years in Business _____ Years at Present Address _____ Training Agency Affiliations: _____

Number of Entry-Level (Open Water) Students Certified Last Year _____

TERMS & CONDITIONS

- Dealer Will:
- Display **ANDI** training materials and facility license.
 - As a licensed member, be empowered to use and resell all **ANDI** materials.
 - Be authorized to use **ANDI**'s trademarks, copyrighted materials and terminology.
 - Adhere to **ANDI** standards wherever applicable to operations and training.
 - Respect **ANDI**'s copyrights and patents.
 - Adhere to the suggested pricing guidelines for participating **ANDI** members.

- ANDI** Will:
- Promote the Dealer through national advertising, regional trade show participation, website listing and referrals.
 - Maintain good communication with **ANDI** Dealers.
 - Assist in the development of marketing and promotional ideas and efforts.
 - Offer on-site IT-conducted courses and Instructor Training Courses.
 - Strive to maintain Dealer profits wherever possible by promoting full service / full price concepts and enforcing **ANDI** standards and guidelines.

I agree to comply with the current release of **ANDI** General Standards and Facility Standards as documented by **ANDI** and as may be updated from time to time. I also agree to ensure that any staff associated or affiliated with this facility will adhere to **ANDI** standards appropriate to their level of certification.

Authorized Dealer Signature & Title

X _____ Date _____

PAYMENT METHOD: (please check ONE only)

- Check or money order payable to **ANDI International** in US Dollars.
- Visa Card Number _____ CV2/CSC _____ Exp.Date _____
- MasterCard Card Holder Name _____
- Amex Signature X _____
- Discover



In signing my name below, I notify **ANDI** that I am professionally affiliated with the **ANDI** facility named on the face of this application and that I agree to:

- Comply with the most current release of **ANDI** General Course Standards and Facility Standards as documented by **ANDI** RHQ and as may be updated from time to time.
- Maintain a current set of **ANDI** documentation appropriate to the types and levels of certifications listed. I understand that it is my responsibility to keep my documentation current whether or not I am notified of changes and / or updates.
- Maintain current liability insurance specifically naming **ANDI** as an additional insured, in accordance with **ANDI** General Standards and **ANDI** Regional Headquarters.
- As a licensed and participating member, maintain the pricing guidelines as suggested by Regional Headquarters.
- Ensure that the above-referenced facility adheres to **ANDI** standards and notify **ANDI** of any deviations.

Cert. #	Name (Please Print or Type)	Signature
	Instructor:	X
	Instructor:	X
	Instructor:	X
	Instructor:	X
	Gas Blender:	X
	Gas Blender:	X
	Service Tech:	X
	Service Tech:	X

Office Use Only				
Form of Payment _____	Date Paid _____	Amount _____	Rec'd. By _____	IT# _____