



AFFILIATE MEMBERSHIP APPLICATION



AFFILIATE MEMBERSHIP

Membership in ACMA is company-based and each business unit of your organization should be represented under a separate membership per the ACMA bylaws. ACMA defines an affiliate as any person, company or corporation not eligible for regular membership in the association, including sole proprietorship consultants, publications, professional and trade associations, end users, and other non-profit organizations that service the composites industry. Affiliate members have no voting rights in the Association.

COMPANY INFORMATION

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Country: _____
Main Phone Number: _____ Company Website: _____
Multiple Locations: (check box) Yes No # of Employees: _____

CONTACT INFORMATION

OFFICIAL MEMBERSHIP REPRESENTATIVE: The primary point of contact for ACMA membership including dues payment, committee involvement, and participation in other ACMA program/activities.

Name: _____ Title: _____
Email: _____ Direct Phone Number: _____
Address (if different from above): _____

EXECUTIVE CONTACT: The senior-most point of contact involved in ACMA membership. For most ACMA members, this would be the President & CEO, or the equivalent point of contact for the composite's division of the company.

Name: _____ Title: _____
Email: _____ Direct Phone Number: _____
Address (if different from above): _____

MARKET SEGMENTS

PLEASE CHECK ALL THAT APPLY.

- | | | | | | |
|---------------------------------------|---------------------------------------|---|---|--------------------------------------|---|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Automotive | <input type="checkbox"/> Industrial | <input type="checkbox"/> Kitchen & Bath | <input type="checkbox"/> Oil & Gas | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Construction | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> Marine | <input type="checkbox"/> Pipe & Tank | <input type="checkbox"/> Wind Energy |

MEMBERSHIP DUES

MARKET GROWTH & DEVELOPMENT COUNCIL ASSESSMENTS (OPTIONAL)

Dues are based on the type of affiliate membership.

<input type="checkbox"/> ACADEMIC	\$300	<input type="checkbox"/> ARCHITECTURAL DIVISION	CONSULTANT	ACADEMIC	END USER
<input type="checkbox"/> CONSULTANT (SOLE PROPRIETORSHIP)	\$600	<input type="checkbox"/> AUTOMOTIVE COMPOSITES ALLIANCE	\$0	\$0	\$0
<input type="checkbox"/> CONSULTANT (FIRM)	USE SUPPLIER APPLICATION	<input type="checkbox"/> COMPOSITES SUSTAINABILITY COUNCIL	\$1,000	\$0	\$0
<input type="checkbox"/> REGIONAL ASSOCIATION	\$325	<input type="checkbox"/> CORROSION CONTROL DIVISION	\$0	\$0	\$0
<input type="checkbox"/> NATIONAL ASSOCIATION	\$675	<input type="checkbox"/> FIBERGLASS GRATING MANUFACTURERS COUNCIL	\$300	\$0	\$0
<input type="checkbox"/> PRESS	\$1,000	<input type="checkbox"/> FRP-REBAR MANUFACTURERS COUNCIL	\$0	\$0	\$0
<input type="checkbox"/> END USER, DESIGNER, SPECIFIER	\$2,500	<input type="checkbox"/> HIGH PERFORMANCE COUNCIL	\$0	\$0	\$0
		<input type="checkbox"/> PULTRUSION INDUSTRY COUNCIL TRANSPORTATION	\$100	\$100	\$0
		<input type="checkbox"/> STRUCTURES COUNCIL	\$0	\$0	\$0
		<input type="checkbox"/> UTILITY & COMMUNICATIONS STRUCTURES COUNCIL	\$0	\$0	\$0

PAYMENT INFORMATION & AUTHORIZATION FORM

PAYMENT TYPE (CHECK ONE)

CREDIT CARD ACH/WIRE TRANSFER CHECK (If paying by check, mail to: ACMA 2000 N. 15th St., Ste. 250, Arlington, VA 22201)

Credit Card Type: Visa Mastercard AmEx Discover

Full Credit Card Account Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Billing City: _____ Billing State/Province: _____ Billing Zip/Postal Code: _____

I hereby authorize ACMA to charge my credit card for the payment of items below. I agree to pay for all requested registrations, enrollments and other items/services from ACMA noted below, and agree I may be charged additional fees if the amount below is not correct.

Card Holder Name (printed): _____

Company to Which Payment is to be Applied: _____ Last Four Numbers of Authorized Card: _____

Amount to be charged: \$ _____ Description of Charge: _____

Date: _____ Phone No: _____

Signature: _____

APPLICATION SUBMISSION

By submitting a membership application, your company affirms that the membership level and category accurately reflects your company's global composites industry revenue. Additionally, by signing this agreement, your company and all individuals associated with your membership agree to receive the correspondence from ACMA and official vendors via telephone, mail, fax and email.

Applicant Signature: _____ Date Submitted: _____

Completed applications can be submitted via: Email: membership@acmanet.org | Fax: (703) 525-0743

Mail: ACMA, 2000 N 15th St, Ste. 250, Arlington, VA 22201

522
MEMBERS

108
MATERIAL &
EQUIPMENT
SUPPLIERS

28
DISTRIBUTORS

86
AFFILIATES

300
MANUFACTURERS

We are manufacturers, material and equipment suppliers, distributors, academia and end-users who open and grow markets in the composites industry by promoting the competitive advantage of composite materials.



2000 N 15th Street, Ste. 250, Arlington VA, 22201

Phone: 703-525-0511 | Fax: 703-525-0743

Email: membership@acmanet.org | Web: www.ACMA.Net.Org

