



DISTRIBUTOR MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name _____

Primary Contact Name _____ Primary Contact Title _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Main _____ Direct _____ Fax _____

Primary Contact Email (**required**) _____ Company Website _____

Recommended by (Member Referral Program) _____

COMPANY INFORMATION

Date Founded _____ # of Employees _____ # of Locations _____

Owner/CEO Name _____ Owner/CEO email address _____

MARKET SEGMENT: Please select all that apply.

- Aerospace/Aircraft
- Architectural
- Automotive/Truck
- Bath
- Chemical Processing
- Civil Structure
- Construction
- Consumer
- Corrosion
- Custom Applications
- Education & Training
- Electrical
- Energy
- Infrastructure
- Kitchen
- Marine
- Mass Transportation
- Medical
- Military/Defense
- Mining
- Oil & Gas
- RV
- Sports & Leisure
- Swimming Pools/Spas
- Telecommunications
- Truck Accessories

MANUFACTURING PROCESSES: Please select all that apply.

- Autoclave Molding
- Cast Polymer
- Centrifugal Casting
- Compression Molding
- Continuous Lamination
- Filament Winding
- Injection Molding
- Light RTM/VA-RTM
- Open Molding
- Pultrusion
- Reaction Injection Molding (RIM)
- Resin Transfer Molding (RTM)
- Solid Surface
- Thermoforming
- Vacuum Bag Molding
- Vacuum Infusion Processing (VIP)

MEMBERSHIP DUES

DISTRIBUTOR - Any person, company or corporation engaged in the distribution of equipment, materials, manufacturing aides and supplies, or services to the composites industry, and who does not meet the definition of supplier.

Dues are based on annual sales volume in the North American composites industry

- Level 01 - under 1 mil \$2,2+%
- Level 02 - 1-2 mil \$2,, (\$
- Level 03 - 2-5 mil \$3,(\$*
- Level 04 - 5-10 mil \$4,('
- Level 05 - 10-25 mil \$6,)%
- Level 06 - 25-50 mil \$-,,\$,*
- Level 07 - 50-75 mil \$11,-,&)
- Level 08 - 75-100mil \$1+,\$*(
- Level 09 - 100-150 mil \$22,+%(
- Level 10 - 150-300 mil \$2- ,)&+
- Level 11 - 300-600 mil \$3* , (1
- Level 12 - over 600 mil \$41,594

COMMITTEES OF THE COMPOSITES GROWTH INITIATIVE

- Architectural Division 10% of ACMA Dues (capped at \$250)
- Automotive Composites Alliance \$1,000
- Corrosion Control Division \$100
- Fiberglass Grating Manufacturers Council \$300
- FRP - Rebar Manufacturers Council \$500
- Green Composites Council \$500
- High Performance Council \$250
- Pultrusion Industry Council \$500
- Press Molders Council \$500
- Transportation Structures Council \$750
- Utility & Communications Structures Council \$500

I affirm that the membership level and category is correct. Signature _____

Membership dues are based on ACMA's fiscal year from July 1 through June 30.

ACMA is committed to ensuring that all information regarding a company's revenue is maintained as confidential.

Each business unit of your organization should be represented under a separate membership per the ACMA bylaws. Contributions or gifts are not tax deductible as charitable contributions for income purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. ACMA estimates that the non-deductible portion of your dues from lobbying is 6%.

Please complete next page for Payment Information & Authorization.

**BOTH PAGES OF THIS APPLICATION FORM MUST BE RETURNED TO ACMA.
APPLICATIONS CANNOT BE PROCESSED UNLESS BOTH PAGES OF THE FORM ARE RECEIVED.**

3 WAYS TO SUBMIT YOUR APPLICATION

- ❶ Fax: 703-525-0743
- ❷ Email: membership@acmanet.org
- ❸ Mail: ACMA, 2000 N 15th St., Ste. 250, Arlington, VA 22201

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PAYMENT INFORMATION & AUTHORIZATION FORM

PAYMENT TYPE

Check Visa Mastercard AmEx

Checks should be made payable to the American Composites Manufacturers Association.
Foreign checks will only be accepted if they are bank drafts in U.S. dollars. Federal Tax ID: 52-1144059

CREDIT CARD PAYMENTS MUST PROVIDE THE FOLLOWING INFORMATION

Full Credit Card Account Number _____

Expiration Date _____ Security Code _____

3 Digit Code (Visa/MC) 4 Digit Code (AMEX)

BILLING ADDRESS

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____

I hereby authorize ACMA to charge my credit card for the payment of items below. I agree to pay for ACMA membership and agree I may be charged additional fees if the amount below is not correct.

Card Holder Name (printed) _____

Signature _____

Date _____ Telephone _____

Last Four Numbers of Authorized Card _____

Amount to be Charged \$ _____

Description of Charge _____

Company to Which Payment is to be Applied _____

Internal Use Only:
Date Processed: _____
Initials: _____
Notes: _____