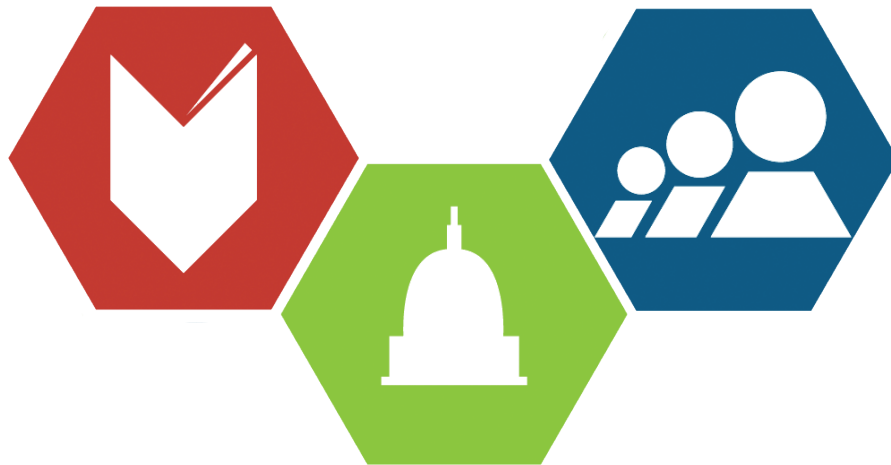




AFFILIATE MEMBERSHIP APPLICATION



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: _____ Zip Code: _____

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.

- ACADEMIC** \$325
- CONSULTANT (SOLE PROPRIETORSHIP)** \$625
- CONSULTANT (FIRM)** \$2,800
- REGIONAL ASSOCIATION** \$400
- NATIONAL ASSOCIATION** \$700
- PRESS** \$1,025
- END USER, DESIGNER, SPECIFIER** \$2,525

	<i>CONSULTANT</i>	<i>ACADEMIC</i>	<i>END USER</i>
<input type="checkbox"/> ARCHITECTURAL DIVISION	\$0	\$0	\$0
<input type="checkbox"/> AUTOMOTIVE COMPOSITES ALLIANCE	\$1,000	\$0	\$0
<input type="checkbox"/> COMPOSITES SUSTAINABILITY COUNCIL	\$0	\$0	\$0
<input type="checkbox"/> CORROSION CONTROL DIVISION	\$0	\$0	\$0
<input type="checkbox"/> FIBERGLASS GRATING MANUFACTURERS COUNCIL	\$300	\$0	\$0
<input type="checkbox"/> FRP-REBAR MANUFACTURERS COUNCIL	\$0	\$0	\$0
<input type="checkbox"/> HIGH PERFORMANCE COUNCIL	\$0	\$0	\$0
<input type="checkbox"/> PULTRUSION INDUSTRY COUNCIL	\$100	\$100	\$0
<input type="checkbox"/> TRANSPORTATION 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