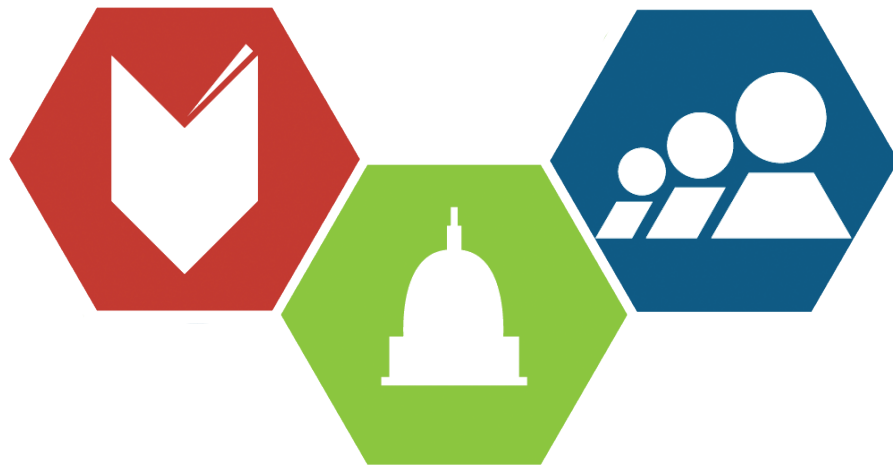


ACMA

AMERICAN COMPOSITES MANUFACTURERS ASSOCIATION

DISTRIBUTOR MEMBERSHIP APPLICATION



DISTRIBUTOR 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 a distributor as any person, company or corporation engaged in the distribution of equipment, materials, manufacturing aids and supplies, or services to the composites industry, and who does not meet the definition of supplier.

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.

Aerospace Automotive Industrial Kitchen & Bath Oil & Gas Transportation

Architecture Construction Infrastructure Marine Pipe & Tank Wind Energy

MEMBERSHIP DUES

MARKET GROWTH & DEVELOPMENT COUNCIL ASSESSMENTS (OPTIONAL)

Membership dues are based on ACMA's fiscal year (July 1 – June 30). ACMA is committed to ensuring that all information regarding a company's revenue is maintained as confidential. Dues are based on annual global composites industry revenue.

<input type="checkbox"/> LEVEL 01	Under 1 mil	\$2,690	<input type="checkbox"/> ARCHITECTURAL DIVISION	\$300
<input type="checkbox"/> LEVEL 02	1-2 mil	\$3,360	<input type="checkbox"/> AUTOMOTIVE COMPOSITES ALLIANCE	\$1,000
<input type="checkbox"/> LEVEL 03	2-5 mil	\$4,030	<input type="checkbox"/> COMPOSITES SUSTAINABILITY COUNCIL	\$500
<input type="checkbox"/> LEVEL 04	5-10 mil	\$5,370	<input type="checkbox"/> CORROSION CONTROL DIVISION	\$100
<input type="checkbox"/> LEVEL 05	10-25 mil	\$7,720	<input type="checkbox"/> FIBERGLASS GRATING MANUFACTURERS COUNCIL	\$300
<input type="checkbox"/> LEVEL 06	25-50 mil	\$10,745	<input type="checkbox"/> FRP-REBAR MANUFACTURERS COUNCIL	\$0
<input type="checkbox"/> LEVEL 07	50-75 mil	\$14,095	<input type="checkbox"/> HIGH PERFORMANCE COUNCIL	\$500
<input type="checkbox"/> LEVEL 08	75-100 mil	\$20,140	<input type="checkbox"/> PULTRUSION INDUSTRY COUNCIL	\$500
<input type="checkbox"/> LEVEL 09	100-150 mil	\$26,850	<input type="checkbox"/> TRANSPORTATION STRUCTURES COUNCIL	\$750
<input type="checkbox"/> LEVEL 10	150-300 mil	\$34,900	<input type="checkbox"/> UTILITY & COMMUNICATIONS STRUCTURES COUNCIL	\$500
<input type="checkbox"/> LEVEL 11	300-600 mil	\$42,950		
<input type="checkbox"/> LEVEL 12	Over 600 mil	\$49,160		

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