

MANUFACTURER MEMBERSHIP APPLICATION



MANUFACTURER 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 manufacturer as any person, company or corporation engaged in the manufacture of composites products sold into the composite supply-chain, included reinforced polymer composites or cast polymer, that perform composites manufacturing processes, including but not limited to hand lay-up, spray-up, compression molding, pultrusion, vacuum infusion processing, or other variations of manufacturing processes.

COMPANY IN	FORMATION					
Company Name:						
Mailing Address.						
City:		State:	Zin Code	:		
Main Phone Numbe	r:		Company Website:			
Multiple Locations:	(check box) ☐Yes ☐	No # of Employees:				
CONTACT INF	FORMATION					
	RSHIP REPRESENTATIV		f contact for ACMA mer	mbership ind	cluding dues payment, committe	ее
Name:			Title: Direct Phone Number:			
Email: Direct					per:	
Address (if different	from above):					
President & CEO, or	ACT: The senior-most po the equivalent point of c	ontact for the composit	te's division of the comp		CMA members, this would be th	е
Email:			Direct P	hone Numb	per:	
Address (if different	from above):					
MARKET SEG	MENTS					
PLEASE CHECK ALL 1	THAT APPLY.					
☐ Aerospace	☐ Automotive ☐] Industrial	☐ Kitchen & Bath	☐ Oil & Gas	☐ Transportation	
☐ Architecture	☐ Construction ☐] Infrastructure	☐ Marine	☐ Pipe & Ta	ank	
MANUFACTU	RING PROCESSE	S				
PLEASE CHECK ALL 1	THAT APPLY.					
☐ Autoclave molding	☐ Compression Molding	☐ Injection Molding	☐ Pultrusion		☐ Solid Surface Thermoforming	
☐ Cast Polymer	☐ Continuous Lamination	☐ Light RTM/VA-RTM	☐ Reaction Injection Mo	olding (RIM)	☐ Vacuum Bag Molding	
☐ Centrifugal Casting	☐ Filament Winding	☐ Open Molding	☐ Resin Transfer Moldir	ng	☐ Vacuum Infusion Processing (VI	P)



MEMBERSHIP DUES

□ **LEVEL 01** Under 1 mil

\$1,280

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.

☐ ARCHITECTURAL DIVISION

☐ LEVEL 01	Under 1 mil	\$1,280	☐ ARCHITECTURAL DIVISION	\$300		
□ LEVEL 02	1-2 mil	\$1,610	☐ AUTOMOTIVE COMPOSITES ALLIANCE	SITES ALLIANCE \$1,000		
□ LEVEL 03	2-5 mil	\$2,150	☐ COMPOSITES SUSTAINABILTY COUNCIL	\$500		
□ LEVEL 04	5-10 mil	\$3,360	☐ CORROSION CONTROL DIVISION	\$100		
□ LEVEL 05	10-25 mil	\$6,715	☐ FIBERGLASS GRATING MANUFACTURERS COUNCIL	\$300		
☐ LEVEL 06	25-50 mil	\$9,400	☐ FRP-REBAR MANUFACTURERS COUNCIL	\$1,500		
□ LEVEL 07	50-75 mil	\$12,080	☐ HIGH PERFORMANCE COUNCIL	\$500		
□ LEVEL 08	75-100 mil	\$17,455				
□ LEVEL 09	100-150 mil	\$24,165	☐ PULTRUSION INDUSTRY COUNCIL	\$500		
☐ LEVEL 10	150-300 mil	\$30,875	☐ TRANSPORTATION STRUCTURES COUNCIL	\$750		
☐ LEVEL 11	300-600 mil	\$37,585	☐ UTILITY & COMMUNICATIONS STRUCTURES COUNCIL	\$500		
□ LEVEL 12	Over 600 mil	\$43,795				
PAYMENT I	NFORMATI	ON & AUTHOI	RIZATION FORM			
PAYMENT TYPE (E TDANCEED CH	HECK (If paying by shock mail to: ACMA 2000 N 15th St. Sto. 250 Adjuston V	\ 22201\		
		stercard \square AmEx	IECK (If paying by check, mail to: ACMA 2000 N. 15th St., Ste. 250, Arlington, VA	(22201)		
		_	Discovei			
			Security Code:			
Billing Address:						
Billing City:			Billing State/Province: Billing Zip/Postal C	ode:		
I hereby authoriz	ze ACMA to chard	ne my credit card for	the payment of items below. I agree to pay for all requested regis	trations enrollments		
-		-	nd agree I may be charged additional fees if the amount below is n			
Card Holder Nai	me (printed):					
	ich Payment is to	o be Applied:	Last Four Numbers of Authorized	d Card:		
Amount to be cl	harged: \$		Description of Charge:			
Date:			one No:			
Signature:						
APPLICATION	SUBMISSION					
By submitting a	membership app	olication, your comp	any affirms that the membership level and category accurately re	eflects your		
	•	•	itionally, by signing this agreement, your company and all individ			
your membersh	ip agree to recei	ve the corresponder	nce from ACMA and official vendors via telephone, mail, fax and	email.		
Annlicant Signa	4		Date Submitted:			