

CHEMICAL SUPPLIER AFFILIATE APPLICATION

Please return all application materials to:

NATIONAL ASSOCIATION OF CHEMICAL DISTRIBUTORS
1555 WILSON BOULEVARD, SUITE 700
ARLINGTON, VA 22209

OR

FAX TO THE MEMBERSHIP DEPARTMENT AT 703/527-7747

Chemical Supplier Affiliates are chemical supplier/manufacturer companies that do not qualify for regular NACD membership and are not equipment/service providers. These companies must have greater than 50% of their annual revenue attributed to the manufacturing of chemicals.

Failure to complete any portion of this application or to include the required items will delay processing of your application.

Applicant/Official Company Representative (Primary Contact)

(Please Print or Type)

Company Name

Name of Primary Company Representative

Title

Address

Address

City

State

Zip

Telephone

Fax

800#

Cell

Web Site

E-mail

Additional Company Contact (Secondary Contact)

(Please Print or Type)

Name

Title

Telephone

Fax

E-mail

Cell

- A.** Has your company or any parent or predecessor company previously held membership in or had affiliation with, NACD under its current name or any other names?

- YES, our company previously held membership in or Affiliation with NACD from _____ through _____.
Company Name(s): _____
- NO, our company has never held membership in or Affiliation with in NACD.

B. Affiliate Requirements

In order to participate in the Chemical Supplier Affiliate Program, participant companies must comply with the following requirements:

1. Annual payment of program fees.
2. Companies must have an active risk management program, such as NACD’s Responsible Distribution, CACD’s Responsible Distribution® (RD), or Responsible Care® or similar program that addresses company-specific business practices. The Applicant Company must share the interests of NACD members in promoting continuous improvement in health, safety, security, and environmental performance.

Is your company: (check applicable)

- Responsible Care® Verified RD Verified Other: _____

C. Annual Fee

\$5,000 (Program year: July 1 – June 30.)

Company participation in the Chemical Supplier Affiliate Program entitles any employee from company to participate in the benefits of the program.

D. Company Profile – All questions pertain to global manufacturing of chemicals only.

1. Does company take title to goods? No Yes, what percent: _____%
2. What percentage of the company’s annual revenue is attributed to manufacturing? > 50% < 50%
3. What percent of your overall business goes through the distributor channel? _____ %
Of this percentage, how much is through:
a. Stocking distributor % _____ b. Broker % _____ c. Agent % _____
4. Total number of employees: _____
5. Annual sales: \$ _____ 6. Number of facilities: _____
7. Please provide a brief explanation (50 words or less, use a separate sheet if necessary) on why you want to join the National Association of Chemical Distributors (NACD).

*Please note NACD reserves the right to edit your company description.

E. Company Description

Please provide a brief (50 words or less, use a separate sheet if necessary) company description. This description will be posted on NACD's Web site upon approval of your application.

*Please note NACD reserves the right to edit your company description.

F. Product Information (circle all that apply)

<u>Code</u>	<u>Product/Service</u>	<u>Code</u>	<u>Product/Service</u>
A	Acids and Alkalis	K	Naval Stores – Turpentine Resins and Pine Oil
B	Agricultural Chemicals	L	Oils – Vegetable and Animal
C	Bagging and Dry Bulk	M	Pigments, Dyestuffs, Fillers
D	Custom Blending and Packaging – Liquid	N	Plating Chemicals and Metals
E	Containers – Plastic, Metal, and Paper	O	Resins
F	Detergents, Surfactants, Emulsifiers, and Wetting Agents	P	Solvents – Organic and Related
G	Equipment – Mixing, Packaging, Machinery	R	Specialties and Industrial Miscellaneous
H	Food, Drug, and Cosmetic Chemicals	S	Water Treatment Chemicals
I	Compressed Gas Packaging	T	Other(s), please list:
J	Laboratory Reagents and Pine Chemicals		_____

G. Sponsor Statement

Sponsor must be a Regular distributor member of NACD. For a listing of Regular NACD members in good standing, visit "Find a Responsible Distributor" at <http://www.nacd.com>.

Applicant Company

The applicant meets the basic requirements for participating as a Chemical Supplier Affiliate based on information available to me.

Sponsor Name

Company

Address/Telephone

Signature

Date

Remarks

H. Terms of Agreement

I, _____, have read and understand the qualifications for the NACD *Chemical Supplier Affiliate* Program outlined in the application and understand that _____ meets eligibility and participation requirements. On behalf of my company, I also understand that by signing this application, _____ agrees to participate in an affiliation with NACD member companies that, as a condition of membership, are committed to a comprehensive effort to enhance and communicate the professionalism and stewardship of the chemical distribution industry. Failure to comply with these terms and conditions of the NACD *Chemical Supplier Affiliate* Program will result in termination of the Agreement and the cessation of our company's right to use the *Chemical Supplier Affiliate* logo or in any other way publicly identify itself with NACD. NACD retains sole authority to determine whether a company is in compliance with its obligations under this Agreement.

(Signed) (Date)

(Name Printed) (MUST be official company representative, listed on page 1)

******FOR INTERNAL USE ONLY******

I. NACD SRC Approval

Signature: _____ Date: _____
Name Printed: _____ Company Name: _____

J. NACD SAP Approval

Signature: _____ Date: _____
Name Printed: _____ Company Name: _____