



National Association of  
Chemical Distributors

# NON-CHEMICAL HANDLER 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

Non-Chemical Handler Affiliates are equipment/service providers to the chemical industry, but do not qualify for regular NACD membership and do NOT handle chemical products. Examples include consultants, insurance providers, equipment manufacturers, etc.

**Failure to complete any portion of this application may delay processing.**

## Applicant/Official Company Representative (Primary Contact)

*(Please Print or Type)*

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name of Primary Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
800#

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Web Site

\_\_\_\_\_  
E-mail

## Additional Contact (Secondary Contact)

*(Please Print or Type)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Cell

**A. Annual Fee** \* Annual sales is based on last year's calendar sales.

Annual Sales*	Annual Fee
\$0-10 million	\$1,600
\$10-50 million	\$3,200
\$>50 million	\$6,000

Total number of employees: \_\_\_\_\_ Annual sales: \$ \_\_\_\_\_

Please note: Program year: July 1 – June 30. Company participation in the Non-Chemical Handler Affiliate Program entitles any employee from company to participate in the benefits of the program.

**Applications must be submitted to NACD with 50% of annual dues.**

**B. 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.

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

**C. Product Information** (circle only three)

<u>Code</u>	<u>Product/Service</u>	<u>Code</u>	<u>Product/Service</u>
AA	Computers, Printers & Software	HH	Waste, Recycling & Spill Recovery
BB	Consulting, Environmental & Safety	II	E-Commerce/Internet
CC	Containers, IBC's, Drums, Tanks, etc.	JJ	Measurement & Monitoring Instruments
DD	Publications	KK	Business Financial Services
EE	Pumps, Valves, Hoses, Fittings, etc.	QQ	Insurance
FF	Training, Regulatory, Legislative Services	RR	Public Relations/Risk Communications
GG	Transportation & Logistics Management	TT	Other
			Please describe: _____
			_____
			_____

### D. Sponsor Statement

The sponsor **must** be a Regular NACD distributor member in any Region. 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 an NACD Non-Chemical Handler Affiliate based on information available to me.

\_\_\_\_\_  
Sponsor Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Remarks

### E. Terms of Agreement

I, \_\_\_\_\_, have read and understand the qualifications for the NACD

(Company)

*Non-Chemical Handler Affiliate* Program outlined in the application and understand that \_\_\_\_\_

(Company)

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

(Company)

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 *Non-Chemical Handler Affiliate* Program will result in termination of the Agreement and the cessation of our company's right to use the *Non-Chemical Handler 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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

### F. MARC Approval

Signature \_\_\_\_\_ Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

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