



NATIONAL ASSOCIATION OF CHEMICAL DISTRIBUTORS

DISTRIBUTOR MEMBER APPLICATION

Please return all application materials to:

NATIONAL ASSOCIATION OF CHEMICAL DISTRIBUTORS
 1555 WILSON BOULEVARD, SUITE 700
 ARLINGTON, VA 22209
 TEL: 703/527-NACD (6223) FAX: 703/527-7747

Membership in the National Association of Chemical Distributors is open to distributors of chemicals who, as a significant part of their business, take title to goods and resell said goods. Distributor applicants should share the functional interests of NACD members and must accept and comply with the NACD Responsible Distribution ProcessSM, its Guiding Principles, and its periodic requirements as a condition of continued membership in NACD.

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

NOTE: Company participation begins on the date of your membership acceptance letter, not on your application submittal date.

Applicant/Official Company Representative

(Please Print or Type)

 Company Name

 Name of Official Company Representative

 Title

 Address

 Address

 City

 State

 Zip

 Telephone

 Fax

 800#

 Cell

 Web Site

 E-mail

Additional Contact

(Please Print or Type)

 Name

 Title

 Telephone

 Fax

 E-mail

 Cell

Revised 8/3/2009

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 NACD from _____ through _____

Company Name(s): _____

Previous member may only re-apply once.

NO, our company has never held membership in NACD.

B. Dues – Indicate last calendar year’s Annual Sales: \$ _____. Please refer to the following list of annual dues categories for NACD members. Check the annual sales figures appropriate to your firm’s total sales through distribution, including subsidiaries and branches, and indicate the corresponding annual dues amount your firm should pay: \$ _____ (Dues Year: July 1 – June 30).

<u>Annual Sales</u>	<u>Annual Dues</u>	<u>Annual Sales</u>	<u>Annual Dues</u>
\$6.1 – + billion	\$39,600	\$150.1 – 200 million	\$13,000
\$5.1 – 6.0 billion	\$36,350	\$125.1 – 150 million	\$10,100
\$4.1 – 5.0 billion	\$35,700	\$100.1 – 125 million	\$8,800
\$3.1 – 4.0 billion	\$33,750	\$75.1 – 100 million	\$8,000
\$2.1 – 3.0 billion	\$31,800	\$50.1 – 75 million	\$6,200
\$ 1.1 – 2.0 billion	\$30,500	\$30.1 – 50 million	\$5,500
\$500.1 – 1 billion	\$24,500	\$20.1 – 30 million	\$4,800
\$350.1 – 500 million	\$21,500	\$10.1 – 20 million	\$3,900
\$300.1 – 350 million	\$19,300	\$5.1 – 10 million	\$2,900
\$250.1 – 300 million	\$17,500	\$0 – 5 million	\$1,800
\$200.1 – 250 million	\$15,600		

C. Company Profile

1. Does company take title to goods? No Yes, what percent: _____ %
2. What percentage of the company’s annual revenue is attributed to distribution? > 50% < 50%
3. Total number of employees in company: _____
4. Total number of customers: _____
5. Primary NAICS Codes: _____
6. Is your company: (check applicable)
 - ISO 9000 Registered ISO 1400 Registered Responsible Care® Verified RDP Verified
 - Other third-party verified system: _____
7. Does your company blend? No Yes, number of locations: _____
8. Number of distribution facilities: _____
9. Number of owned warehouse locations: _____ Number of leased warehouse locations: _____
10. Please list the location of each branch with full address, primary contact, and number of employees at each location.
(Attach a separate sheet if necessary)

13. Is company Family-Owned? Yes No

14. What percent does your company do of the following?

_____ Re-Packer _____ Factory Pack _____ Trader/Broker

15. Are you a(n): Agent Stocking Distributor

16. Company Description

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

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

17. 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.

D. 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		_____

E. Terms of Agreement

I, _____, have read and understand the NACD Membership qualifications outlined in the Membership Application and understand that _____ ^{Company Name} qualifies as an NACD “Candidate for Membership” (* Bylaws – Article III, Section 8) until fully complying with the Responsible Distribution ProcessSM as it exists on the date of acceptance.

Signed

Title

Date

* Bylaws – Article III, Section 8

A Candidate for membership is a company not eligible for Regular Membership because it is not in full compliance with the Responsible Distribution ProcessSM at the time the company’s application for membership is submitted.

A Candidate is not a member under Section 2. of this Article, but shall advance to Regular Membership status and must submit proof of third-party verification by December 31 of the year following the year that the Candidate’s application for membership is approved by NACD. Failure to advance to Regular Membership, or to submit proof of third-party verification within the time required, shall result in automatic termination of Candidate status. Any company that withdrew or was terminated from Candidate status, may reapply as a Candidate after a waiting period of one year. Such companies will be required to fulfill all obligations of a Candidate at such time as their application is accepted. Companies may only re-apply one time, except in rare situations and at the discretion of the NACD Board

A Candidate shall pay such dues and fees as assessed; shall not have the right to vote; shall not use the NACD or Responsible Distribution ProcessSM logo; shall meet such other terms and conditions, including Responsible Distribution ProcessSM milestones, and other conditions of Candidate status as may be imposed by NACD from time to time.

A Candidate’s benefits shall include:

1. Attendance at all Association functions except the Annual Business Meeting of the membership.
2. Receipt of all NACD literature (except proprietary information).
3. A listing in the NACD Directory and Web site in the Candidate category.

F. Sponsor Statement

The sponsor must be a Regular distributor member of NACD. For a listing of NACD 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 Candidate member based on information available to me.

Co-Sponsor Name

Company

Address

Telephone

Signature

Date

Remarks

Sponsors: Fax this completed form to 703/527-7747 Attn: Membership Department

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

G. Regional Approval

Signature _____ Date _____

Name (printed) _____

NACD Responsible Distribution ProcessSM - *Commitment Statement*

The company will make its best effort to comply with the National Association of Chemical Distributors' (NACD) *Code of Management Practice* within the dates specified in the Candidate status timetable. The following are the steps involved in the process of implementing and working toward the objectives of the Responsible Distribution ProcessSM (RDP):

- The Company designates a Responsible Distribution Company Code Coordinator (below).
- The designated Company Code Coordinator attends an RDP Code Coordinator Workshop.
- The requirements of the RDP process are reviewed with company management.
- Company Management conducts an initial assessment of its compliance with the RDP program.
- An action plan to implement the RDP program is completed.
- The Company is in compliance with the RDP program (See "Candidate Status Timetable").
- The RDP program of planning and executing action is repeated and reassessed annually.

I have reviewed NACD's documents for the Responsible Distribution ProcessSM. The signature below attests to corporate support for the Responsible Distribution ProcessSM, the *Guiding Principles*, and the *Code of Management Practice*.

Signed on behalf of _____
Company

Name Title (Must be President/CEO)

Signature Date

NACD Responsible Distribution ProcessSM - *Designation of Company Code Coordinator*

Company _____ designates the individual(s) listed below as the Responsible Distribution ProcessSM Code Coordinator(s) for this company. We understand the Responsible Distribution ProcessSM requires our company to designate a primary Code Coordinator. We also understand that our designated Company Code Coordinator(s) is/are required to attend an RDP Code Coordinator training workshop within the first year of joining NACD.

1. Primary Code Coordinator: _____
 Name

 Title

 Address

 Phone/Fax/E-mail

2. Secondary Code Coordinator: _____
 Name

 Title

 Address

 Phone/Fax/E-mail