



National Association of  
Chemical Distributors

## DISTRIBUTOR MEMBER APPLICATION

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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

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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 NACD'S Responsible Distribution program, its Guiding Principles, and its periodic requirements as a condition of continued membership in NACD.

**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 Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

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

\_\_\_\_\_  
Cell

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

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

Revised on 5/11/2011

\*NAICS Codes are the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. NAICS Codes can be found at [www.naics.com/search.htm](http://www.naics.com/search.htm)

## Additional Contact (Secondary Contact)

(Please Print or Type)

Name	Title		
Address			
City	State	Zip	
Telephone	Fax	E-mail	Cell

**A.** Has your company, or any parent/predecessor company, previously held membership 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).

Please note: Applications must be submitted to NACD with 50% of annual dues.

<u>Annual Sales</u>	<u>Annual Dues</u>	<u>Annual Sales</u>	<u>Annual Dues</u>
\$6.1 – + billion	\$42,300	\$150.1 – 200 million	\$13,900
\$5.1 – 6.0 billion	\$39,000	\$125.1 – 150 million	\$10,800
\$4.1 – 5.0 billion	\$38,100	\$100.1 – 125 million	\$9,400
\$3.1 – 4.0 billion	\$36,000	\$75.1 – 100 million	\$8,530
\$2.1 – 3.0 billion	\$34,000	\$50.1 – 75 million	\$6,600
\$ 1.1 – 2.0 billion	\$32,550	\$30.1 – 50 million	\$5,900
\$500.1 – 1 billion	\$26,100	\$20.1 – 30 million	\$5,200
\$350.1 – 500 million	\$22,900	\$10.1 – 20 million	\$4,200
\$300.1 – 350 million	\$20,600	\$5.1 – 10 million	\$3,100
\$250.1 – 300 million	\$18,700	\$0 – 5 million	\$1,920
\$200.1 – 250 million	\$16,650		

### 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: \_\_\_\_\_ Secondary NAICS Codes: \_\_\_\_\_

Revised on 5/11/2011

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6. Is your company: (check applicable)

- ISO 9000 Registered     ISO 1400 Registered     Responsible Care® Verified
- Other (please specify): \_\_\_\_\_

7. Does your company blend?     No     Yes, number of locations: \_\_\_\_\_

8. Number of distribution facilities: \_\_\_\_\_

9. Number of owned warehouse locations: \_\_\_\_\_

10. Please list the full address of facilities from question eight and nine. (Attach a separate sheet if necessary)

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11. Number of leased warehouse locations: \_\_\_\_\_

12. Is company Family-Owned?     Yes     No

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

\_\_\_\_\_ Re-Packer    \_\_\_\_\_ Factory Pack    \_\_\_\_\_ Trader/Broker

14. Are you a(n):     Stocking Distributor     Broker     Agent

15. 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.

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

16. 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).

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**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. 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.

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

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address/Telephone

\_\_\_\_\_  
Remarks

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

### F. NACD Responsible Distribution - *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 Responsible Distribution:

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

I have reviewed NACD's documents for Responsible Distribution. The signature below attests to corporate support for Responsible Distribution, 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 - *Designation of Company Code Coordinator*

Company \_\_\_\_\_ designates the individual(s) listed below as the Responsible Distribution Code Coordinator(s) for this company. We understand the Responsible Distribution requires our company to designate a primary Code Coordinator.

1. Primary Code Coordinator: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone/Fax/E-mail \_\_\_\_\_

2. Secondary Code Coordinator: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone/Fax/E-mail \_\_\_\_\_

**G. Terms of Agreement**

I, \_\_\_\_\_, have read and understand the NACD Membership qualifications outlined in the Membership Application and understand that \_\_\_\_\_ qualifies as an NACD "Candidate for Membership"  
Company Name

(\* Bylaws – Article III, Section 8) until fully complying with Responsible Distribution as it exists on the date of acceptance.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
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 Process<sup>SM</sup> 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 Process<sup>SM</sup> logo; shall meet such other terms and conditions, including Responsible Distribution Process<sup>SM</sup> 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.

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

**H. MARC Approval**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

**I. Regional Approval**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

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