



ASSOCIATE TRIAL PROGRAM APPLICATION

Please return all application materials to:
NATIONAL ASSOCIATION OF CHEMICAL DISTRIBUTORS
1560 WILSON BOULEVARD, SUITE 1100, ARLINGTON, VA 22209
TEL: (703) 527-NACD (6223) FAX: (703) 527-7747 EMAIL: JJENKINS@NACD.COM

The Associate Trial Program (“Associate”) is a unique way for chemical distributors and their supply chain partners (producers, service providers, chemical handlers) to gain a more intimate introduction to the National Association of Chemical Distributors (NACD). The program is limited to two-years of participation and requires payment of annual fees. While enrolled, Program participants may participate in NACD events at a discount from the non-member rates. If at any point during the two-year introductory program the company decides it’s ready to become a Candidate for Membership (distributors only), Chemical Handler Affiliate (warehouse, trucking or recyclers), Chemical Producer Affiliate (manufactures, suppliers), Service Provider Affiliate (selling non-chemical products or services) it would need to file a new application and for distributors and chemical handlers (only) agree to implementation of NACD’s Responsible Distribution® program within the following two-three years.

During participation in the Program, an Associate will not be required to implement NACD’s Responsible Distribution program but instead will be required to learn more about these requirements by attendance at reduced registration fees at a Responsible Distribution Workshop, completion of an online NACDU 101 course as well as two additional meetings of its choosing over the first 18 months of participation. Additional meetings could include: ChemEdge, Regional Meetings or the Annual Meeting. Each of these events/courses will allow the participant to better engage with the Association leadership and membership helping in the evaluation of the full value of joining at the end of the two-year program.

Finally, completion of the NACD onboarding wizard is required along with this short application. Program fees should be paid at the time of application at the rates listed below.

Applicant/Official Company Representative (Primary Contact)

Company Name

Name if Primary Company Representative

Title

Address

Address

City

State

Zip

Telephone

Fax

800#

Cell

Website

Email

Additional Contact (Secondary Contact)

(Please Print or Type)

Name Title

Address (If different than above)

City State Zip

Telephone Fax Email Cell

Billing Contact (Accounts Payable)

(Please Print or Type)

Name Title

Address

City State Zip

Telephone Fax Email Cell

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

YES, our company previously held membership in NACD from _____ through _____

Company name(s): _____

No, our company has never held a membership with NACD.

B. Company Requirements

In order to participate in the Associate Trial Program, your company must comply with the following requirements:

1. Annual payment of program fee.

2. In the first 15-18 months:

- a. attend a Responsible Distribution Workshop
- b. complete an online NACDU 101 for Responsible Distribution course
- c. attend two (2) additional NACD events, such as:
 - i. Regional meeting – Southern, Western, Central or Northeast (see NACD calendar for dates and locations)
 - ii. ChemEdge (every August)
 - iii. Annual Meeting (every November)
 - iv. Washington Fly-in or Regulatory Workshop

C. Classification

- ___ Distributor (full-line, factory pack, trader/broker/agent, recycle raw chemical products and re-sells)
- ___ Chemical Handler (warehouse, trucking, recycle and recondition totes, drums, containers and re-sells)
- ___ Chemical Producer (manufacturer, supplier)
- ___ Service Provider (selling non-chemical products or services)

If a distributor, what percent does your company do of the following?

_____ Full Line/Re-Packer _____ Factory Pack _____ Trader/Broker

D. Company Profile

1. Total number of employees: _____
2. Total number of customers: _____
3. Annual Sales: \$ _____
4. Total number of facilities (including headquarters/primary location): _____
5. Number of owned and operated warehouse locations: _____
6. Number of owned and operated terminal locations: _____
7. Number of leased warehouse locations: _____
8. Number of leased terminal locations: _____

F. Company Description

1. Please provide a brief (50 words or less, use a separate sheet if necessary) company description and why you want to join NACD. Note: NACD reserves the right to edit your company description for online Membership Directory.

2. NACD will send you regular communications about programs and events. Please select areas of interest.

Check all that apply.

- Annual Meeting ChemEdge Education/Training (Executive Education/NACD U, Webinars)
- Regulatory or Legislative News Responsible Distribution Regional Events
- Other: _____

G. Trial Program Fees:

All companies who participate in this program will pay one of the following fees annually, based on their prior calendar year sales:

| | |
|------------------------------|---------|
| \$0 - \$10.0 million----- | \$1,000 |
| \$10.1 - \$50.0 million----- | \$1,500 |
| \$50.1 - 125.0 million----- | \$2,000 |
| \$125.1 - \$1.0 billion----- | \$2,500 |

**Applications must be submitted to NACD with full dues payment.
Application Submission Deadline Schedule: July 2019; October 2019; April 2020*

G. NACD Responsible Distribution® - Commitment Statement

As an Associate, our company, _____, will make its best efforts to familiarize ourselves with the resources and benefits the National Association of Chemical Distributors (NACD) has to offer. We understand that our company is required to attend at least two (2) NACD meetings in the first 15-18 months of the program but is encouraged to attend more. The company will make an effort to understand Responsible Distribution and what it takes to go through the cycle and receive verification. The company is required to attend a Responsible Distribution Workshop to fully understand what may be required if we decide to join as a Candidate for membership or Chemical Handler Affiliate. We also understand that our company has the option to move forward with candidacy for Membership/Affiliation before the two-year program is complete by submitting a second, full application and payment of regular Dues or Affiliate fees at that time.

I. Terms of Agreement

I, _____, have read and understand the Associate Trial Program qualifications and requirements. On behalf of my company, _____, I also understand that by signing this application, we agree to participate in the Associate Trial Program with access to Associate benefits. We understand that, if we determine we wish to gain a regular membership or Affiliation, we would need to commit to a comprehensive effort to implement Responsible Distribution. I also understand that participation as an Associate Trial Program participant does not make my company a member nor an Affiliate of NACD and we may not use any of NACD’s logos to that affect. This is a TRIAL program to allow us to get to know NACD and its membership benefits better. Failure to comply with these terms and conditions will result in termination of the Program participant. NACD retains sole authority to determine whether a company is in compliance with its obligations under this agreement.

Signed/Print Name

Title (Must be President/CEO/CFO/C-Level Officer)

Date

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

Completed for: _____
Company Name

J. MARC Approval

Signature _____ Name (printed) _____ Date _____