

NACD Member Referral Form

Working with a company that should join NACD? Let us know! If the company joins, you receive a \$300 credit for NACD programs from July 1, 2018 – June 30, 2019.

Please return this form to Jenni Jenkins by fax (703) 527-7747 or email jjenkins@nacd.com.

Referred Company Name: _____

NACD Classification (Circle One):

- **Member** (chemical distributor)
- **Global Distribution Partner** (international affiliate)
- **Chemical Producer Affiliate** (chemical manufacturer)
- **Chemical Handler Affiliate** (warehouse, trucking company, etc.)
- **Service Provider Affiliate** (consultant, equipment vendor, service provider, etc.)

Point of Contact (Required): _____

Title: (Required) _____

Telephone (Required): _____

Email Address (Required): _____

Address: _____

City/State/Zip: _____

Notes:

When my referral joins, please give credit to:

My Name: _____

Company Name: _____

Telephone: _____

Email Address: _____

Questions? Contact Jenni Jenkins, Membership Manager, at (703) 527-6223 x3067 or jjenkins@nacd.com.