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.