



National Association of Chemical Distributors

SERVICE PROVIDER AFFILIATE 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

Service Provider Affiliates are any person, firm, company, or corporation selling non-chemical products or services (such as computer hardware/software, drums, IBCs/totes, forklifts, barcoding/labeling systems, regulatory compliance assistance tools, or insurance) to chemical distributors, but that do not qualify for regular NACD membership and do NOT handle chemical products. Examples include business leadership consultants, insurance providers, environmental or safety consultants, equipment manufacturers, engineering/law firms, software products/specialists, regulatory compliance training, etc.

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 Contact

Title

Address

City

State

Zip

Telephone

Fax

800#

Cell

Website

Email

Additional Contact (Secondary Contact)

(Please Print or Type)

Name

Title

Address

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? (Check yes or no below and define relationship if yes.)

Yes No If yes: _____

B. Annual Fee

Affiliate Fee is based on Annual Sales in the previous calendar year.

50.1+ Million -----	\$ 6,695
25.1-50 Million -----	\$ 5,120
15.1-25 Million -----	\$ 4,315
5.1-15 Million -----	\$ 2,745
0-5 Million -----	\$ 2,140

Last calendar year's total sales: \$ _____

Affiliate Fee: \$ _____

Total number of employees: _____ Total number of customers: _____

Please note: Program year is July 1-June 30. Company participation in the Service Provider Affiliate Program entitles any employee from the company to participate in the benefits of the program.

Applications must be submitted to NACD with full payment of your Affiliate fees

Application Submission Deadline Schedule: July 2020; October 2020; January 2021; April 2021

C. Company Description

Please provide a brief (50 words or fewer, use a separate sheet if necessary) company description:

Note: NACD reserves the right to edit your company description for online Membership Directory.

NACD will send you regular communications about programs and events. Please select your areas of interest. Check all that apply:

- Networking (Meetings/Events) Education/Training (Executive Education, NACD U, Webinars)
 Legislative & Regulatory News Responsible Distribution Join a Committee

D. Product Information (check only three)

- | <u>Code</u> | <u>Product/Service</u> | <u>Code</u> | <u>Product/Service</u> |
|-----------------------------|--|-----------------------------|--|
| <input type="checkbox"/> AA | Computers, Printers & Software | <input type="checkbox"/> JJ | Measurement & Monitoring Instruments |
| <input type="checkbox"/> BB | Consulting, Environmental & Safety | <input type="checkbox"/> KK | Business Financial Services |
| <input type="checkbox"/> CC | Containers, IBCs, Drums, Tanks, etc. | <input type="checkbox"/> QQ | Insurance |
| <input type="checkbox"/> DD | Publications | <input type="checkbox"/> RR | Public Relations/Risk Communications |
| <input type="checkbox"/> EE | Pumps, Valves, Hoses, Fittings, etc. | <input type="checkbox"/> SS | Legal Services |
| <input type="checkbox"/> FF | Training, Regulatory, Legislative Services | <input type="checkbox"/> UU | Security - Equipment, Personnel, Facility, Cyber |
| <input type="checkbox"/> GG | Transportation & Logistics Management | <input type="checkbox"/> YY | Emergency Response |
| <input type="checkbox"/> HH | Waste, Recycling & Spill Recovery | <input type="checkbox"/> TT | Other (Please describe) |
| <input type="checkbox"/> II | E-Commerce/Internet | | _____ |

E. Sponsor Statement

The sponsor **must** be a Regular NACD distributor member in any Region. For a listing of Regular NACD members in good standing, visit "Find a Responsible Distributor" at www.nacd.com/about/find-a-responsible-distributor.

Applicant Company

The applicant meets the basic requirements for participating as an NACD Service Provider Affiliate based on information available to me.

Sponsor First & Last Name

Company Name

Email

Telephone

Signature

Date

Remarks

F. Terms of Agreement

I, _____, have read and understand the qualifications for the NACD
Full Name
Service Provider Affiliate Program outlined in the application and understand _____
Company Name
meets eligibility and participation requirements. On behalf of my company, I also understand that by signing this
application _____ agrees to participate in an affiliation with NACD member
Company Name
companies that, as a condition of membership, are committed to a comprehensive effort to enhance and communicate the
professionalism and stewardship of the chemical distribution industry. Failure to comply with these terms and conditions
of the NACD *Service Provider Affiliate* Program will result in termination of the Agreement and the cessation of our
company's right to use the *Affiliate* logo or in any other way publicly identify itself with NACD. NACD retains sole
authority to determine whether a company is in compliance with its obligations under this Agreement.

Print Name

Signature

Title

Date

Company Name

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

Completed for: _____
Company Name

G. MARC Approval

Signature _____ Name (printed) _____ Date _____
