



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: RFOLEY@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

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. Annual Fee**

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

|                              |          |
|------------------------------|----------|
| <b>50.1+ Million</b> -----   | \$ 6,375 |
| <b>25.1-50 Million</b> ----- | \$ 4,875 |
| <b>15.1-25 Million</b> ----- | \$ 4,110 |
| <b>5.1-15 Million</b> -----  | \$ 2,615 |
| <b>0-5 Million</b> -----     | \$ 2,035 |

Last calendar year's total sales: \$ \_\_\_\_\_

Affiliate Fee: \$ \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Total number of customers: \_\_\_\_\_ Fleet size: \_\_\_\_\_

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 membership dues.**

***Application Submission Deadline Schedule: July 2, 2018; October 1, 2018; January 7, 2019; April 1, 2019***

**B. Company Description**

Please provide a brief (50 words or fewer, use a separate sheet if necessary) company description and why you want to join NACD.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. 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                        |                             |  |

**D. 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](http://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 Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Remarks

**E. 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

**F. MARC Approval**

Signature \_\_\_\_\_ Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

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