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

Address

City	State	Zip

Telephone	Fax	800#	Cell

Website	Email

Additional Contact (Secondary Contact)
(Please Print or Type)

Name	Title

Address

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.

<table>
<thead>
<tr>
<th>Sales Range</th>
<th>Affiliate Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.1+ Million</td>
<td>$ 6,695</td>
</tr>
<tr>
<td>25.1-50 Million</td>
<td>$ 5,120</td>
</tr>
<tr>
<td>15.1-25 Million</td>
<td>$ 4,315</td>
</tr>
<tr>
<td>5.1-15 Million</td>
<td>$ 2,745</td>
</tr>
<tr>
<td>0-5 Million</td>
<td>$ 2,140</td>
</tr>
</tbody>
</table>

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 membership dues.  
Application Submission Deadline Schedule: July 2019; October 2019; April 2020

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

___________________________________________________________

___________________________________________________________

___________________________________________________________

Rev. 6/26/2019
NACD will send you regular communications about programs and events. Please select your areas of interest. Check all that apply:

- [ ] Annual Meeting
- [ ] ChemEdge
- [ ] Education/Training (Executive Education, NACD U, Webinars)
- [ ] Legislative & Regulatory News
- [ ] Responsible Distribution
- [ ] Regional Events

**D. Product Information** (check only three)

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

**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](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.

<table>
<thead>
<tr>
<th>Sponsor Name</th>
<th>Company Name</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Telephone</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
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</tbody>
</table>

Remarks

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F. Terms of Agreement

I, ____________________________, have read and understand the qualifications for the NACD Service Provider Affiliate Program outlined in the application and understand ____________________________ 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 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 ________

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