



National Association of Chemical Distributors

CHEMICAL PRODUCER 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

Chemical Producer Affiliates are chemical producer/manufacturer companies that do not qualify for regular NACD membership and are not equipment/service providers. These companies produce chemicals by converting raw materials (e.g. oil, natural gas, air, water, metals, or minerals) and transforming them through a chemical process/reaction into the formulation of a new product(s). These companies must have greater than 65% of their annual sales attributed to the manufacturing of chemicals and must have an active Risk Management Program in place.

Failure to complete any portion of this application or to include the required items will delay processing of your application.

Applicant/Official Company Representative (Primary Contact)

(Please Print or Type)

Company Name

Name of Primary Company Representative

Title

Address

City

State

Zip

Telephone

Fax

800#

Cell

Website

Email

Additional Contact (Secondary Contact)

(Please Print or Type)

Name

Title

Address (if different than above)

City

State

Zip

Telephone

Email

Fax

Cell

Billing Contact (Accounts Payable)

(Please Print or Type)

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____ Fax _____ Cell _____

A. Has your company or any parent or predecessor company previously held membership in or had affiliation with, NACD under its current name or any other names?

YES, our company previously held membership in or Affiliation with NACD from _____ through _____.

Company Name(s): _____

NO, our company has never held membership in or Affiliation with NACD.

B. Affiliate Requirements

In order to participate in the Chemical Producer Affiliate Program, participant companies must comply with the following requirements:

1. Annual payment of dues fees.
2. Companies must have an active risk management program.

Is your company certified: (check applicable)

Responsible Care® ChemStewards

ISO 9001 ISO 14001 Other (please specify): _____

If none, an additional assessment questionnaire is required. NACD will contact you.

C. Annual Fee (Program year: July 1 – June 30)

<i>Application Submission Deadline Schedule: July 2020, October 2020, April 2021</i>

\$7,000 (>\$0 – 25 Million Sales)

\$7,750 (>\$25.1 - 50 Million Sales)

\$9,250 (<\$50.1 - 75 Million Sales)

\$9,750 (<\$75.1 - 100 Million Sales)

\$10,500 (<\$100.1 Million and above)

Please note: Program year: July 1-June 30. Company participation in the Chemical Handler Affiliate Program entitles any employee from company to participate in the benefits of the program. ****Applications must be submitted to NACD with full Affiliate fee payment.***

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

Company participation in the Chemical Producer Affiliate Program entitles any employee from company to participate in the benefits of the program.

D. Company Profile – All questions pertain to global manufacturing of chemicals only.

1. Does company take title (ownership) to goods? No Yes, what percent: _____%
2. What percentage of the company’s annual sales is attributed to manufacturing? > 65% < 65%
3. What percent of your overall business goes through the distribution channel? _____ %
4. Total number of employees: _____
5. Annual sales: \$ _____ 6. Number of facilities: _____
7. Total number of customers: _____ 8. Company Fleet size: _____
9. NACD will send you regular communications about programs and events. Please select 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

E. Company Description

Please provide a brief (50 words or less, use a separate sheet if necessary) company description:
Note: NACD reserves the right to edit your company description for online Membership Directory.

F. Product Information (Circle all that apply)

<u>Code</u>	<u>Product/Service</u>	<u>Code</u>	<u>Product/Service</u>
A	Acids and Alkalis	K	Naval Stores – Turpentine Resins and Pine Oil
B	Agricultural Chemicals	L	Oils – Vegetable and Animal
C	Bagging and Dry Bulk	M	Pigments, Dyestuffs, and Fillers
D	Custom Blending and Packaging – Liquid	N	Plating Chemicals and Metals
E	Containers – Plastic, Metal, and Paper	O	Resins
F	Detergents, Surfactants, Emulsifiers, and Wetting Agents	P	Solvents – Organic and Related
G	Equipment – Mixing, Packaging, Machinery	R	Specialties and Industrial Miscellaneous
H	Food, Drug, and Cosmetic Chemicals	S	Water Treatment Chemicals
I	Compressed Gas Packaging	T	Other(s), please list:
J	Laboratory Reagents and Pesticide Chemicals		_____

**Market Codes/Industries Served – General Industry, (AG) Agricultural, (FI) Fine Ingredients:
Check all that apply.**

- _____ **A** Aerospace
- _____ **B** Appliances
- _____ **C** Automotive
- _____ **D** Bioremediation
- _____ **E** CASE / Adhesives & Sealants
- _____ **F** Construction
- _____ **G** Electronics
- _____ **H** Energy: Oil & Natural Gas
- _____ **I** General Manufacturing
- _____ **J** Glass & Refractory
- _____ **K** HI&I Cleaners & Compounding: Soaps Detergents
- _____ **L** Marine
- _____ **M** Metal Finishing
- _____ **N** Mining
- _____ **O** MRO
- _____ **P** Municipal
- _____ **Q** Nanotechnology
- _____ **R** Paints, Coatings, Ink & Graphic Arts
- _____ **S** Petroleum & Lubricants
- _____ **T** Plastics
- _____ **U** Primary Chemical Processing
- _____ **V** Printing & Packaging

- _____ **W** Pulp & Paper
- _____ **X** Power Generation
- _____ **Y** Textiles
- _____ **Z** Tires & Rubber
- _____ **Z1** Water Treatment

Agricultural

- _____ **A1** Plant/Crop Nutrients (AG)
- _____ **A2** Pesticides (AG)
- _____ **A3** Herbicides (AG)
- _____ **A4** Adjuvants (AG)

Fine Ingredients

- _____ **F1** Food (FI)
- _____ **F2** Pharmaceuticals (FI)
- _____ **F3** Personal Care & Cosmetics (FI)
- _____ **F4** Nutraceuticals (FI)
- _____ **F5** High Purity Chemicals (FI)
- _____ **F9** Other

G. Sponsor Statement

Sponsor must be a Regular distributor member of NACD. 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 a Chemical Producer Affiliate based on information available to me.

Sponsor First & Last Name

Company

Email/Telephone

Signature

Date

Remarks

H. Terms of Agreement

I, _____, *Full Name*, have read and understand the qualifications for the NACD *Chemical Producer Affiliate* Program outlined in the application and understand that _____ *Company* meets eligibility and participation requirements. On behalf of my company, I also understand that by signing this application, _____ *Company* 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 *Chemical Producer 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.

Signature Date

Name Printed (MUST be official company representative, listed on page 1)

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

I. NACD Producer Affiliate Relations Committee Chairman Approval

Signature: _____ Date: _____

Name Printed: _____ Company Name: _____