



## Application for Membership

We hereby make application for membership in the National Aerosol Association, and agree, if accepted, to abide by the Association Bylaws.

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

OFFICIAL REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_ E-mail \_\_\_\_\_

ALTERNATE REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_ E-mail \_\_\_\_\_

Company is a: (Check Appropriate)

- 1. Single Corporate Entity \_\_\_\_\_
- 2. Proprietorship \_\_\_\_\_
- 3. Parent Company with Subsidiaries \_\_\_\_\_ Please List \_\_\_\_\_

**MEMBERSHIP CATEGORY:**

Manufacturer \_\_\_\_\_ Marketer \_\_\_\_\_ Supplier \_\_\_\_\_ Mfg. Rep. \_\_\_\_\_ Consultant \_\_\_\_\_

**PRODUCTS:**

Containers \_\_\_\_\_ Valves \_\_\_\_\_ Chemicals \_\_\_\_\_ Propellant \_\_\_\_\_ Equipment \_\_\_\_\_ Finished Product \_\_\_\_\_

Other, Please Specify \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES:**

<u>Corporate Aerosol Related Sales</u>	<u>Dues</u>	<u>Individuals</u>	<u>Dues</u>
\$0-\$5,000,000	\$1,250	Professional Consultants	\$500.00
\$ 5,000,000- \$12,500,000	\$2,000	Affiliates	\$250.00
\$12,500,000- \$20,000,000	\$3,000		
OVER \$20,000,000	\$5,000		

*Please enclose a check for appropriate amount with Membership Application Form.*

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_