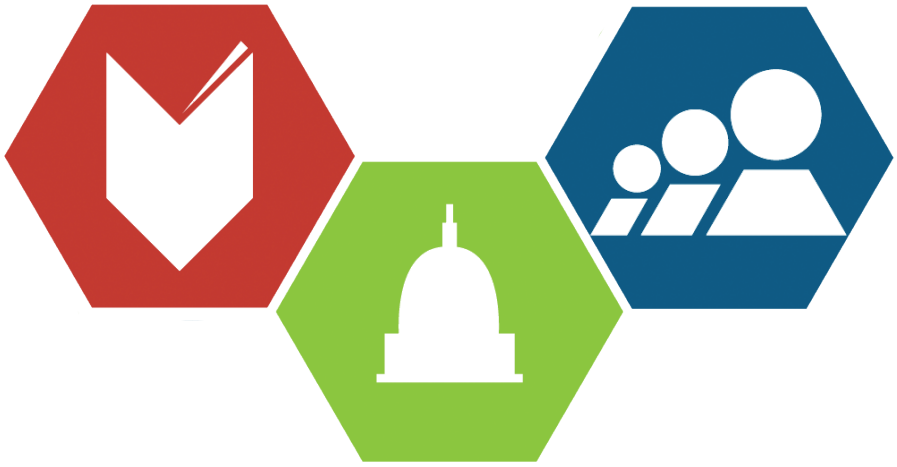
ACMA

AMERICAN COMPOSITES MANUFACTURERS ASSOCIATION

SUPPLIER MEMBERSHIP APPLICATION



SUPPLIER MEMBERSHIP

Membership in ACMA is company-based and each business unit of your organization should be represented under a separate membership per the ACMA bylaws. ACMA defines a supplier as any person, company or corporation engaged in: the manufacture of equipment (includes machine and tooling), materials (including resin, fiber, additives, molding compound, and prepreg), manufacturing aides and supplies, technology, consulting services, or processing services (including recycling and post-mold finishing) to the composites industry.

COMPANY INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone Number: _____ Company Website: _____

Multiple Locations: (check box) ☐ Yes ☐ No # of Employees: _____

CONTACT INFORMATION

OFFICIAL MEMBERSHIP REPRESENTATIVE: The primary point of contact for ACMA membership including dues payment, committee involvement, and participation in other ACMA program/activities.

Name: _____ Title: _____

Email: _____ Direct Phone Number: _____

Address (if different from above): _____

EXECUTIVE CONTACT: The senior-most point of contact involved in ACMA membership. For most ACMA members, this would be the President & CEO, or the equivalent point of contact for the composite's division of the company.

Name: _____ Title: _____

Email: _____ Direct Phone Number: _____

Address (if different from above): _____

MARKET SEGMENTS

PLEASE CHECK ALL THAT APPLY.

☐ Aerospace	☐ Automotive	☐ Industrial	☐ Kitchen & Bath	☐ Oil & Gas	☐ Transportation
☐ Architecture	☐ Construction	☐ Infrastructure	☐ Marine	☐ Pipe & Tank	☐ Wind Energy

MEMBERSHIP DUES

Membership dues are based on ACMA's fiscal year (July 1 – June 30). ACMA is committed to ensuring that all information regarding a company's revenue is maintained as confidential. Dues are based on global composites industry revenue.

☐ **LEVEL 01**	*Under 1 mil*	**$2,910**
☐ **LEVEL 02**	*1-2 mil*	**$3,810**
☐ **LEVEL 03**	*2-5 mil*	**$5,190**
☐ **LEVEL 04**	*5-10 mil*	**$7,950**
☐ **LEVEL 05**	*10-25 mil*	**$13,140**
☐ **LEVEL 06**	*25-50 mil*	**$16,110**
☐ **LEVEL 07**	*50-75 mil*	**$26,970**
☐ **LEVEL 08**	*75-100 mil*	**$34,570**
☐ **LEVEL 09**	*100-150 mil*	**$41,480**
☐ **LEVEL 10**	*150-300 mil*	**$48,390**
☐ **LEVEL 11**	*300-600 mil*	**$54,620**
☐ **LEVEL 12**	*Over 600 mil*	**$61,010**

MARKET GROWTH & DEVELOPMENT COUNCIL ASSESSMENTS (OPTIONAL)

☐ **ARCHITECTURAL DIVISION**	**$300**
☐ **AUTOMOTIVE COMPOSITES ALLIANCE**	**$1,000**
☐ **COMPOSITES SUSTAINABILITY COUNCIL**	**$500**
☐ **CORROSION CONTROL DIVISON**	**$100**
☐ **FIBERGLASS GRATING MANUFACTURING COUNCIL**	**$300**
☐ **FRP-REBAR MANUFACTURING COUNCIL**	**$0**
☐ **HIGH PERFORMANCE COUNCIL**	**$500**
☐ **PULTRUSION INDUSTRY COUNCIL**	**$500**
☐ **TRANSPORTATION STRUCTURES COUNCIL**	**$750**
☐ **UTILITY & COMMUNICATIONS STRUCTURES COUNCIL**	**$500**

PAYMENT INFORMATION & AUTHORIZATION FORM

PAYMENT TYPE (CHECK ONE)

☐ **CREDIT CARD** ☐ **ACH/WIRE TRANSFER** ☐ **CHECK** (If paying by check, mail to: ACMA 2000 N. 15th St., Ste. 250, Arlington, VA 22201)

Credit Card Type: ☐ Visa ☐ Mastercard ☐ AmEx ☐ Discover

Full Credit Card Account Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Billing City: _____ Billing State/Province: _____ Billing Zip/Postal Code: _____

I hereby authorize ACMA to charge my credit card for the payment of items below. I agree to pay for all requested registrations, enrollments and other items/services from ACMA noted below, and agree I may be charged additional fees if the amount below is not correct.

Card Holder Name (printed): _____

Company to Which Payment is to be Applied: _____ Last Four Numbers of Authorized Card: _____

Amount to be charged: $ _____ Description of Charge: _____

Date: _____ Phone No: _____

Signature: _____

APPLICATION SUBMISSION

By submitting a membership application, your company affirms that the membership level and category accurately reflects your company's global composites industry revenue. Additionally, by signing this agreement, your company and all individuals associated with your membership agree to receive the correspondence from ACMA and official vendors via telephone, mail, fax and email.

Applicant Signature: _____ Date Submitted: _____

Completed applications can be submitted via: Email: membership@acmanet.org | Fax: (703) 525-0743

Mail: ACMA, 2000 N 15th St, Ste. 250, Arlington, VA 22201