



TRFA MEMBERSHIP APPLICATION

Application for: Formulator/Fabricator Supplier Distributor Professional
 Regular Membership Trial Membership

Application for Membership in the Thermoset Resin Formulators Association is hereby made for (hereinafter called Applicant):

1. List full legal name of firm, corporation, partnership, individual or other type of business applying for membership:

Address: _____

City/State/Postal Code: _____

Province/Country (if applicable): _____

Telephone: _____ Fax: _____

Company Web Site: _____

Length of time applicant has been active in the thermoset formulating industry: _____

2. Name of Principal Representative: _____ Position with Applicant: _____ How long with Applicant: _____

3. Type of Ownership: Sole-Proprietorship Partnership Corporation Limited Liability Co.

4. Total number of employees of Applicant: _____

5. **BUSINESS** — The nature of your business is:

- Formulate/Fabricate Thermoset Resins
- Supplier of Raw Materials
- Supplier of Formulation Equipment
- Supplier of Other Equipment
- Manufacturers Representative Sales handling materials or equipment
- Distributor handling materials or equipment
- Importer of Raw Materials or Processing or Other Equipment
- Academic/Research Laboratory
- Consultant
- Other - Please Explain _____

6. What is the PRIMARY END PRODUCT(S) manufactured/supplied or service performed by your company:

7. What is the market focus of your company? Please check all that apply.

- Coatings, Civil Engineering, Flooring Composites & Tooling
- Adhesives & Sealants Potting, Encapsulation, Electrical)

Other? _____

8. Please tell us who referred you to TRFA, or how you heard about TRFA:



APPLICANT COMPANY: _____

ANNUAL DUES: A graduated dues schedule has been adopted by the Association, based on your sales volume relating to the Thermoset Formulatory Industry for the last fiscal year

8. **FORMULATOR, SUPPLIER, DISTRIBUTOR MEMBER DUES CATEGORIES:**

<u>Annual Sales Volume to the Thermoset Industry</u>	<u>Annual Dues Formulator/Supplier</u>	<u>Annual Dues Distributor</u>
<input type="checkbox"/> \$0 - \$1,000,000	\$ 500	\$ 500
<input type="checkbox"/> \$1,000,001 – 2,000,000	\$1,000	\$1,000
<input type="checkbox"/> \$2,000,001 – 3,000,000	\$1,500	\$1,000
<input type="checkbox"/> \$3,000,001 – 4,000,000	\$2,000	\$1,000
<input type="checkbox"/> \$4,000,001 – 5,000,000	\$2,500	\$1,000
<input type="checkbox"/> \$5,000,001 – 6,000,000	\$3,000	\$1,000
<input type="checkbox"/> \$6,000,001 – 10,000,000	\$4,000	\$1,000
<input type="checkbox"/> Over \$10,000,000	\$5,000	\$1,000

PROFESSIONAL MEMBER DUES CATEGORIES: Annual Dues

- Service Professional \$ 500
- Educational & Government Professional \$ 150

QUALIFICATIONS FOR REGULAR MEMBERSHIP from TRFA Bylaws:

Corporations, limited liability companies, partnerships or other business enterprises may apply for the following Membership if they:

- Formulator/Fabricator Members** Formulates or fabricates any thermoset plastic for a specific use.
- Supplier Members** Supply resin-formulating raw materials or machinery and components for use in the thermoset formulating industry.
- Distributor Members** Distribute materials or equipment produced in the thermoset formulating industry.

Formulator/Fabricator, Supplier and Distributor Members shall have all the rights, privileges and responsibilities of membership.

QUALIFICATIONS FOR PROFESSIONAL MEMBERSHIP from TRFA Bylaws:

Any individual, or any corporation, limited liability company, partnership or other business enterprise not eligible for membership as a Regular Member, that renders professional services to the plastic industry as described hereinafter may apply for membership as a Professional Member:

- 1) **Service Professional** An individual or enterprise that provides for profit a service to the plastic industry such as testing laboratory, publishing, research, or consulting.
- 2) **Educational and Government Professional** An entity such as a university, government agency, or an employee of a university or government agency directly related to the plastic industry.

Professional Members shall have no voting rights.



APPLICANT COMPANY: _____

9. **INITIATION FEE:** Please enclose payment of \$150 initiation fee in U.S. funds, payable to TRFA or list Visa/MasterCard/American Express number below:

IMPORTANT - Please send a catalog sheet or other piece of literature describing your firm and/or its product

Check MasterCard Visa Card American Express Card

Wire transfers can be made by foreign applicants by contacting TRFA for routing information.

Card #: _____ Expiration Date _____

Name on Card: _____

Cardholder Signature: _____

Applicant states that he/she has read and understands the provisions of the TRFA Bylaws, qualifies for membership in TRFA as a _____ Member and desires to be considered for such membership. Therefore, in consideration of approval by TRFA's Board of Directors of this application for Membership, the undersigned applicant agrees to abide by all provisions of the TRFA Bylaws applicable to it and to pay all applicable TRFA dues and assessments when due and payable

Signature of Applicant: _____ *Date of Application:* _____

MAIL/FAX COMPLETED APPLICATION WITH \$150 INITIATION FEE TO:

THERMOSET RESIN FORMULATORS ASSOCIATION
800 Roosevelt Road, Building C, Suite 312 , Glen Ellyn, IL 60137
Phone: 630/942-6596 Fax: 630/790-3095
Email: info@trfa.org

After your membership application has been approved, you will be invoiced for the appropriate dues amount.

Please complete and return next page.

TRFA REPRESENTATION

APPLICANT COMPANY: _____

Each member firm is entitled to two official representatives to the Association, a delegate and an alternate. Each representative receives all general information and material mailed from the Association headquarters.

DELEGATE BUSINESS INFORMATION:

Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Province/Country (if applicable): _____

Phone: _____ Fax: _____

Email: _____

Home address: _____

Spouse Name: _____

ALTERNATE DELEGATE BUSINESS INFORMATION:

Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Province/Country (if applicable): _____

Phone: _____ Fax: _____

Email: _____

Home address: _____

Spouse Name: _____

I understand that by authorizing/providing the fax number(s) listed above, I consent to its receipt of communications sent by or on behalf of TRFA (and its subsidiaries and affiliates) and CM Services, Inc. (and its subsidiaries and affiliates). [I understand that TRFA and CM Services, Inc. will not share my fax with other organizations.] This consent is intended to fully comply with certain amendments to the Telephone Consumer Protection Act of 1990 effective August 25, 2003. This consent remains in effect until specifically terminated in writing by an authorized person.

Name: (print clearly) _____

Signature: _____ Date: _____

TRFA REPRESENTATION

APPLICANT COMPANY: _____

Each member firm is also entitled to any number of Additional Alternate Delegates. Additional Alternates are unofficial representatives to the Association. Each representative receives all general information and material **emailed** from the Association headquarters.

ADDITIONAL ALTERNATE DELEGATE INFORMATION (Optional):

Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Province/Country (if applicable): _____

Phone: _____ Fax: _____

Email: _____

Home address: _____

Spouse Name: _____

ADDITIONAL ALTERNATE DELEGATE INFORMATION (Optional):

Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Province/Country (if applicable): _____

Phone: _____ Fax: _____

Email: _____

Home address: _____

Spouse Name: _____

FOR OFFICE USE ONLY

Accepted by the TRFA:

By:

Initiation Fee Amount:

Date Received: