



# 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:

\_\_\_\_\_



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APPLICANT COMPANY: \_\_\_\_\_

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

## 9. FORMULATOR, SUPPLIER, DISTRIBUTOR MEMBER DUES CATEGORIES:

### Annual Sales Volume to the Thermoset Industry

#### Formulator

- \$0 – \$2,500,000
- \$2,500,000 – \$5,000,000
- \$5,000,000 – \$10,000,000
- \$10,000,000 – \$25,000,000
- Over \$25,000,000

### Annual Dues

#### Formulator

- \$500
- \$1,500
- \$2,000
- \$3,000
- \$3,500

### Annual Sales Volume to the Thermoset Industry

#### Supplier

- \$0 – \$5,000,000
- \$5,000,000 – \$10,000,000
- \$10,000,000 – \$500,000,000
- \$500,000,000 – \$1,000,000,000
- Over \$1,000,000,000

### Annual Dues

#### Supplier

- \$1,000
- \$2,000
- \$3,500
- \$4,000
- \$5,000

### Annual Sales Volume to the Thermoset Industry

#### Distributor

- 

### Annual Dues

#### Distributor

- \$1,500

### Professional Member Dues Categories

- Service Professional
- Educational & Government Professional

### Annual Dues

- \$500
- \$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:

- 1) **Formulator/Fabricator Members:** Formulates or fabricates any thermoset plastic for a specific use.
- 2) **Supplier Members:** Supply resin-formulating raw materials or machinery and components for use in the thermoset formulating industry.
- 3) **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.



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**10. 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](mailto: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 MEMBERSHIP APPLICATION

**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: \_\_\_\_\_



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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: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Accepted by the TRFA:

By: \_\_\_\_\_

Initiation Fee Amount: \_\_\_\_\_

Date Received: \_\_\_\_\_