



INTERNATIONAL SEALING
DISTRIBUTION ASSOCIATION

ASSOCIATE/AFFILIATE MEMBERSHIP APPLICATION

Company Name _____ Date _____

Address _____

City _____ State/Prv. _____ Zip/Zone _____ Country _____

Telephone _____ 800-Line _____ Fax _____

Website _____ Company Email _____

Company Executive/ Primary Voting Contact to receive all mailings: Name _____

Title _____ Direct Line _____ Email Address _____

Owner/ CEO: _____ Title _____ Email Address _____

How did you hear about ISD? Internet Trade Pub. ISD Mailing Customer Member referral _____

Membership Requirements (Check category of membership desired)

ASSOCIATE MEMBER (Non-voting category)

Please list 3 of your current distributors:

1. _____ 2. _____ 3. _____

Associate Members shall be business entities (such as corporations, partnerships and sole proprietorships, but not to include manufacturers' representatives or agents) that: i: Sell fluid sealing products primarily through distributors; or , ii: Sell raw materials necessary to the manufacture or fabrication of fluid sealing products; and , iii: are sponsored by two current ISD members, to be listed above; and , iv: maintain, and provide annual evidence of, product liability insurance of at least US \$2 million. (For the purpose of ISD, the fabrication of gaskets, assembly of finished parts into kits, rebuilding of mechanical seals or any consolidations of converting finished manufactured parts as a primary function of a company's business are not to be considered as a manufacturing process.) Please note ISD sponsors 1. _____ 2. _____

AFFILIATE MEMBER (Non-voting category) Please describe your products/services: _____

Affiliate Members shall be business entities (such as corporations, partnerships and sole proprietorships) that provide specific products and/or services of value to the members of the Association, and who support the Association's mission and purpose. Affiliate Members shall not be engaged in the production or sale of products and/or services that are handled in the ordinary course of business conducted by the Association's Distributor or Associate Members. Affiliate Members may not be manufacturer's representatives, agents or master distributors.

So that we may fully serve you and your employees please list employee name and data for each position below:

Finances _____ Email _____ Title _____

Operations Management _____ Email _____ Title _____

Technical/Engineering _____ Email _____ Title _____

Sales Management _____ Email _____ Title _____

Inside Sales _____ Email _____ Title _____

Outside Sales _____ Email _____ Title _____

Business Tech/IT _____ Email _____ Title _____

Marketing _____ Email _____ Title _____

International Business _____ Email _____ Title _____

Growth & Acquisitions _____ Email _____ Title _____

HR/Personnel _____ Email _____ Title _____

Purchasing _____ Email _____ Title _____

Quality Control _____ Email _____ Title _____

Other _____ Email _____ Title _____

I have read the listed membership requirements for my category and certify that my company meets the criteria necessary for membership in ISD.

Signed: _____ Date _____

Membership Dues - Dues and branch service fees are payable with application, and are renewable by 12/31 each year. New applicants will pay the annual dues plus initiation fee, branch and service fees.

Membership Category	Annual Dues	If joining between 10/1 – 12/31 a 15 month membership is available at a discounted rate
A 1 to 10 Employees	\$665	\$815
B 11 to 50 Employees	\$1060	\$1300
C 51 to 200 Employees	\$1590	\$1970
D 201 to 1, 000 Employees	\$2300	\$2855
E over 1, 000 Employees	\$2620	\$3240

Branches Service Fee – List contact information below for branches paying the annual Service Fee. These branches will receive all ISD mailings, and will be listed in the ISD Annual Membership Directory and website. *(Attach separate list if necessary)*

Branch/Co. Name _____ Branch/Co. Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Contact _____ Title _____ Contact _____ Title _____

Tel:() _____ Fax:() _____ Tel:() _____ Fax:() _____

E-mail _____ E-mail _____

Branch/Co. Name _____ Branch/Co. Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Contact _____ Title _____ Contact _____ Title _____

Tel:() _____ Fax:() _____ Tel:() _____ Fax:() _____

E-mail _____ E-mail _____

Payment Calculations:

Membership Category _____ Dues Amount \$ _____ + Initiation Fee \$150 = US\$ _____

Number of branches _____ x US\$95.00 = US\$ _____

TOTAL DUE = US\$ _____

____ Check Made Payable to ISD

Charge to: MC Visa Amex Discover

Card No. _____ Exp. _____

V Code _____ (Last 3 digits on back of card. AMEX is 4 digits on front)

Name on Card _____ Authorized Signature _____

Billing Address _____ City _____ State _____ Zip _____

Mail completed form to: ISD- 105 Eastern Avenue, Suite 104 - Annapolis, MD 21403 or Fax to 410-263-1659