



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)

DISTRIBUTOR MEMBER (*Voting category*)

Please list 3 of your current suppliers:

1. _____ 2. _____ 3. _____

Distributor Members shall be business entities (such as corporations, partnerships, etc.) that: **i:** Are engaged in the distribution of fluid sealing products and/or fluid sealing services to industry, institutions, end users, and/or original equipment manufacturers, and who have engaged in such business for a period of at least one year prior to application for membership in this Corporation; and, **ii:** Are not subsidiaries or affiliates of any fluid sealing manufacturer; and, **iii:** Act as distributors for products manufactured by two or more manufacturers of fluid sealing products; and, **iv:** Maintain their own inventory of at least \$50,000 at cost of fluid sealing products. Fluid sealing products are defined as mechanical or hydraulic seals, packings or gaskets; and, **v:** Maintain a minimum annual gross sales of at least \$250,000 of fluid sealing products and fluid sealing services.

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 _____

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 _____

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	\$550	\$705
B 11 to 50 Employees	\$925	\$1150
C 51 to 200 Employees	\$1420	\$1750
D 201 to 1, 000 Employees	\$2075	\$2575
E over 1, 000 Employees	\$2365	\$2935

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 _____