



Association of the Nonwoven Fabrics Industry

P.O. Box 1288, Cary, NC 27512 Phone: (919) 233-1210 Fax: (919) 233-1282
Website: www.inda.org

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please complete the application in full. All information is held strictly confidential.

We hereby apply for membership in INDA, Association of the Nonwoven Fabrics Industry, and agree to abide by the Bylaws and to pay such fees and assessments as may properly be levied thereunder.

INSTITUTION/COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____ WEBSITE _____

PHONE _____ FAX _____

EMAIL _____

Information to Determine Membership Eligibility

Please check the appropriate box:

- Academic Membership** – A degree-granting institution actively engaged in teaching courses or conducting studies related to the industry.
ANNUAL FEES: \$ 120
- Associate Consultant Membership** – A consultant offering the nonwoven fabrics industry management, technical or marketing consulting services.
ANNUAL FEES: \$ 500
- Research Agency Membership** – Providing industry and governmental agencies, departments or divisions with research, development, testing or purchase specifications relating to the nonwoven fabrics industry.
ANNUAL FEES: \$ 1,000

"Nonwovens - Engineered Fabric Solutions"

Please describe briefly the activities of your business within the general category indicated above. This will be added to the INDA website under your membership listing.

Upon approval of this application by the Executive Committee, we agree to accept the responsibilities and privileges of Associate Membership. As an Associate Member, we understand that we are entitled to:

1. Send representatives to the Annual and General Business meetings.
2. Receive copies of the minutes of the above meetings.
3. Purchase copies of INDA publications at the Member rate.
4. Attend INDA events such as the IDEA Conference and Exposition and INTC at the Member Rate.
5. Have our representative serve on INDA committees.

We understand that only General Member representatives are permitted to hold office in the Association or to vote at the Annual or General Membership meetings.

Enclosed is our remittance in the amount of \$ _____ to cover our dues for the calendar year 2010.

Please list the following as our representative to INDA:

Name of Representative: _____

Title: _____

By applying for membership in INDA, applicant acknowledges that all INDA publications, including sample forms, are the exclusive property of INDA and are subject to copyright protection under the laws of the United States. Applicant and its agents agree not to copy or otherwise reproduce any INDA-copyrighted materials, including sample forms, without the express written permission of INDA. Violation of this agreement will result in the immediate suspension of applicant's INDA membership, as well as subject applicant to the full range of remedies provided by law.

Your Printed Name: _____

Title: _____

Signature: _____

Date: _____

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