



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 ASSOCIATION 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.

ASSOCIATION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____ WEBSITE _____

PHONE _____ FAX _____

EMAIL _____

Information to Determine Membership Eligibility

Membership is available to any trade association or similar organization that represents corporations, partnerships, sole proprietorships, or individuals which produce fabrics, components, and/or related materials, products made from such materials, and machinery or equipment used in the production of these products. (Refer to INDA by-laws for a complete description.)

ANNUAL DUES: \$500

Please describe type of organization:

Please describe briefly the activities of your business:

(over please)

"Nonwovens - Engineered Fabric Solutions"

Upon approval of this application by the Executive Committee, we agree to accept the responsibilities and privileges of Association Membership. As an Association 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. Attend INDA events such as the IDEA Conference and Exposition and INTC at the Member Rate (association personnel only – this does NOT extend to members of your association).
4. 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 2008.

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: _____