



# 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](http://www.inda.org)

## CORPORATE MEMBERSHIP APPLICATION

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.*

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_ WEBSITE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

Please indicate your organization's business as it relates to the nonwoven fabrics industry.

- |   |  |
|---|--|
| <input type="checkbox"/> Roll Goods Producer/Supplier   | <input type="checkbox"/> Supplier of Fibers, Pulps, etc. |
| <input type="checkbox"/> Converter/Fabricator           | <input type="checkbox"/> Supplier of Films, Tapes, etc.  |
| <input type="checkbox"/> End Product Manufacturer       | <input type="checkbox"/> Commission Services             |
| <input type="checkbox"/> Machinery/Equipment Supplier   | <input type="checkbox"/> Paper/Packaging                 |
| <input type="checkbox"/> Supplier of Binders, Adhesives | <input type="checkbox"/> Other                           |

Briefly explain your affiliation with the nonwoven fabrics industry (e.g. type of roll goods produced; types of machinery; type of fibers etc., and the end products in which your company is involved). This will be added to the INDA website under your membership listing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When submitting your application, please be sure to complete and return the Certification Statement and Corporate Representative Information.

**"Nonwovens - Engineered Fabric Solutions"**



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## *DUES CERTIFICATION STATEMENT 2011 DUES SCHEDULE*

**Company**

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**Address**

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We hereby certify that the annual sales category indicated on the following page is a reasonable estimate for our company for the fiscal year **2010**.

**Signature**

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**Name & Title**

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This certification includes total sales for the following business units / geographical locations:

**Company/Division Name**

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**Address**

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**Relationship to above**

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**Company/Division Name**

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**Address**

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**Relationship to above**

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To calculate your membership dues, please refer to the attached sheet.  
Total **2010** sales related to the Nonwovens Industry

**Our annual dues are calculated as \$**

**Please enclose payment, according to your selection below and send to:  
INDA Confidential – Attn Fiduciary Director, P.O. Box 1288, Cary, NC 27512**

We prefer to submit payment for our membership fee:  annually  semi-annually  quarterly  
 Check  American Express  MasterCard  Visa

Account Number: \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Dues to INDA are not deductible as charitable contributions for federal income tax purposes,  
but may be deductible as ordinary and necessary business expenses.

**Instructions: How to Estimate  
"Total Sales Related to the Nonwovens Industry"  
For the Purpose of Determining Dues**

**\*ATTENTION: Roll Goods Manufacturers; Suppliers of Fibers, Binders and Other Raw Materials;  
Manufacturers of Machinery, Equipment or Testing Instruments:**

*Dues are based on total sales throughout the world, excluding Europe, as follows:  
Roll good manufacturers – total sales of nonwoven products;  
Suppliers of fibers – total sales of materials used in nonwovens products;  
Manufacturers of Machinery – total sales of equipment used in nonwovens production*

**For Converters/Fabricators, End Product Manufacturer, Commission Services, Paper/Packaging:**

*Dues are based on the dollar amount of purchases of nonwoven fabrics and composites **OR** the percentage of nonwovens in the end product times the annual sales of the end product. For example: if 5% of the product is nonwovens and annual sales are \$10mm, dues are based on .05 X \$10mm = \$500,000.*

<b>Corporate Membership</b>			
<b>Select One</b>	<b>Annual Sales</b>		<b>Pay this Dues Amount</b>
<input type="checkbox"/>	over	\$ 80,000,000	\$ 23,500
<input type="checkbox"/>	\$ 60,000,001	to 80,000,000	18,000
<input type="checkbox"/>	40,000,001	to 60,000,000	13,500
<input type="checkbox"/>	30,000,001	to 40,000,000	9,000
<input type="checkbox"/>	25,000,001	to 30,000,000	7,500
<input type="checkbox"/>	18,000,001	to 25,000,000	6,000
<input type="checkbox"/>	10,000,001	to 18,000,000	3,500
<input type="checkbox"/>	6,000,001	to 10,000,000	2,000
<input type="checkbox"/>	0	to 6,000,000	1,700
2011 Total Dues Amount \$ _____			

**For membership questions please contact:  
Marilyn Bellinger (919) 233-1210 x118 or mbellinger@inda.org**

**For dues calculation questions please contact:  
Annette Balint (919) 233-1210 x127 or abalint@inda.org**

# Corporate Representative Information

The Corporate Representative is the primary contact for INDA. Responsibilities of this individual include the following:

1. Disseminate INDA information within your company to the appropriate personnel and communicate your company's position on industry issues to INDA.
2. Appoint appropriate individuals to serve on committees and task forces of interest to your company.
3. Certify annual membership fees for your company and its subsidiaries.
4. Vote on Association matters, as desired by your company.

*The duties of the Alternate Representative include the aforementioned in the absence of the Corporate Representative. The Human Resources Person will be a contact for training courses, posting INDA News Releases on company intranet.*

Corporate Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Alternate Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Human Resources \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

