



Association of the Nonwoven Fabrics Industry

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

Application for Associate Membership

We hereby apply for Associate Membership in INDA. Our qualifications are noted below, and I certify that they accurately describe our activities in the area of nonwovens.

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

Please describe briefly the activities of your business within the general category indicated above.

(over please)

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 INDA-TEC 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 2008.

Please list the following as our representative to INDA:

Name of Representative: _____

Title: _____

Date: _____

Signature: _____