

# Association of Rotational Molders Membership Application

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(Full Company name hereinafter called Applicant)

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(Primary Contact Name)

(Title)

**Please note:** Applicant understands that to be eligible for membership in ARM the membership requirements must be met. Applicant certifies that those requirements are met and submits the following information to demonstrate eligibility for membership. The entire application must be completed before it can be processed.

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## Company Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Ownership:  Sole-Proprietorship  Partnership  Corporation  LLC

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## Membership Categories

- **Regular Member (Rotational Molder):** Businesses actively engaged in the molding of plastic products through the use of rotational molding equipment.
- **Non-Producing Regular Member (Rotational Molder):** Potential Regular Member who can verify through the purchase of rotational equipment that they will be actively engaged in the molding of plastic products within a one-year period.
- **Supplier Member:** Persons, firms, partnerships, corporations, or other types of business enterprises which (1) supply or have the potential of supplying either products or equipment to those qualifying for membership, or (2) supply or provide services to those in the rotational molding industry are eligible for Supplier Membership.
- **Designer Member:** Persons, firms, partnerships, corporations, or other types of business enterprises solely engaged in the design of products for those in the rotational molding industry, and who are not employed by or otherwise associated on a full time basis with a business enterprise eligible for regular or supplier membership.
- **Consultant Member:** Persons, firms, partnerships, corporations, or other types of business enterprises solely engaged in providing consulting services to those in the rotational molding industry, and who are not employed by or otherwise associated on a full-time basis with a business enterprise eligible for regular or supplier membership.
- **Educator Member:** Educators at a recognized college or university who are teaching least one course in a recognized plastics curriculum are eligible for Educator Membership. Please include a short paragraph on university letterhead that describes how you can contribute to and/or promote the industry.

## Products and Services

Maximum 300 characters

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## Representative Contact Information

We will add as many of your employees as you would like to our email newsletter and database. Following membership approval, we'll ask you to submit their full names and email addresses in a spreadsheet.

## Membership Dues

<input type="checkbox"/> Molder Less than \$1M in sales	\$1,405	<input type="checkbox"/> Supplier Less than \$1M in sales	\$2,690
<input type="checkbox"/> Molder \$1M - \$5M in sales	\$1,730	<input type="checkbox"/> Supplier \$1M - \$5M in sales	\$3,290
<input type="checkbox"/> Molder \$5M - \$10M in sales	\$1,980	<input type="checkbox"/> Supplier \$5M - \$10M in sales	\$3,745
<input type="checkbox"/> Molder \$10M - \$25M in sales	\$2,090	<input type="checkbox"/> Supplier \$10M - \$25M in sales	\$3,965
<input type="checkbox"/> Molder \$25M + in sales	\$2,200	<input type="checkbox"/> Supplier \$25M + in sales	\$4,180
		<input type="checkbox"/> Consultant (Individual)	\$640
		<input type="checkbox"/> Designer (Individual)	\$640

## Payment

Check # \_\_\_\_\_  American Express  MasterCard  Visa

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (if different from page 1): \_\_\_\_\_

Pursuant to the Revenue Act of 1987, we are required to advise you that your Association dues are not deductible as charitable contributions for Federal Income Tax purposes. Your dues payments, however, remain deductible as business expenses to the same extent as permitted under prior law.

## Terms & Conditions

Applicant further agrees, upon becoming an ARM member, to pay all fees, association dues, and assessments when they are due. Applicant states that the above data is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## References

Your Company must qualify for ARM membership prior to becoming an active member. Please complete the information below and list the names of two ARM members who can qualify you for membership. Either a Supplier member who has provided and/or will be providing you with products, parts, equipment, materials or services associated with rotational molding OR a Rotational Molder member that you provide products, equipment, materials or services to on a regular basis.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_