2023 ASSOCIATE MEMBER APPLICATION



Any organization or entity that is a supplier of goods or services to the aluminum industry or is a distributor/service center, has a direct and substantial interest in the industry and is not otherwise eligible to be a Producer Member, may be eligible for Associate Membership.

Address			
City	State	Zip	Country
hone Number			
Vebsite			
ocation of Applicant's Headq	uarters (if different than above	e)	
y initialing here	, the above company here	eby applies for members	hip in the Aluminum Association and agrees to
bide by its <u>Bylaws</u> with speci	al attention to Article 1, Sectio	n 4.	
2 Official Representative:	Please identify the senior-most	representative of the co	ompany who would act as the "Official
			Association will interact on significant issues and
			on should be addressed. For most members, this
	or equivalent leader of the con		,
Official Representative's Nam	e & Title		
ddress (if different than abo	ve)		
City		State	Zip
_		Email blicant's business and ho	ow the applicant's interest in the aluminum industi
3 Description of Business:			ow the applicant's interest in the aluminum indust
3 Description of Business: s direct and substantial: 4 Production: The applican	Describe the nature of the app	olicant's business and ho	ow the applicant's interest in the aluminum industributed vices, which are either supplied to, or distributed
3 Description of Business: s direct and substantial: 4 Production: The applicant on behalf of the aluminum income.	Describe the nature of the app	olicant's business and ho	vices, which are either supplied to, or distributed
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Dues: Based on the applicant's aluminum related sales from the most recent calendar year. Please select the dues category most applicable to your company: **Annual Dues** Sales \$3,150 Less than \$5 million \$5 - 25 million \$6,300 \$12,600 Greater than \$25 million AFTER Board approval, the Association will send an invoice for the first full year's annual dues. Please provide the billing contact information below. Contact Name Contact Name Title Title Phone Phone Email **Email** References: The Aluminum Association requires the applicant to provide 2-4 companies that the applicant has provided goods or services to, or functions as a distributor/service center on behalf of, to serve as references. It is generally anticipated that a reference will be familiar with the Applicant and if asked would affirm that the Applicant would be a positive addition to the Aluminum Association's membership. Without completing this section of the application, the Association will not be able to move forward with the application process. Reference 1 **Reference 2** Name of Company Name of Company **Contact Name** Contact Name **Address** Address City City State/Zip State/Zip Phone Phone **Email** Fmail **Reference 3** Reference 4 Name of Company Name of Company Contact Name Contact Name Address Address City City State/Zip State/Zip Phone Phone **Email Email** By signing below, I acknowledge that I have read, understood, and agree to the above statements. I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. Title Signature Date Name

Please retain a duplicate copy for your records. All information requested in this application will be treated in a strictly **confidential** manner. Completed applications and any questions should be directed to:

The Aluminum Association 1400 Crystal Drive, Suite 430 Arlington, VA 22202 (703) 358-2960