2024 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.

\ddress			
City	State	Zip	Country
Phone Number			
ocation of Applicant's Head	quarters (if different than abov	/e)	
y initialing here	, the above company her	eby applies for members	ship in the Aluminum Association and agrees to
bide by its <u>Bylaws</u> with spec	cial attention to Article 1, Section	on 4.	
2 Official Representative:	Please identify the senior-mos	t 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 co		
vould be the resident, ele,	, or equivalent leader or the oo	purry.	
Official Representative's Nan	ne & Title		
ddress (if different than abo	ove)		
ity	,	State	Zip
hone Number		Email	•
2 Description of Business	u Describe the nature of the en	unlicant/a husingss and h	outho analicant's interest in the aluminum industria
	s: Describe the nature of the ap	pplicant's business and ho	ow the applicant's interest in the aluminum indus
s direct and substantial: 4 Production: The applica	ant produces or distributes the		
direct and substantial: Production: The application behalf of the aluminum in	ant produces or distributes the	following products or sei	ow the applicant's interest in the aluminum industrices, which are either supplied to, or distributed or Service Centers
direct and substantial: Production: The applican behalf of the aluminum in	ant produces or distributes the	following products or sei	vices, which are either supplied to, or distributed
direct and substantial: 4 Production: The applica n behalf of the aluminum in	ant produces or distributes the	following products or sei	vices, which are either supplied to, or distributed
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s direct and substantial:	ant produces or distributes the	following products or sei	vices, which are either supplied to, or distributed
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	Sales	Annual Dues	_	
	Less than \$5 million	\$3,300		
	\$5 – 25 million	\$6,600		
	Greater than \$25 million	\$13,200		
AFTER Board approval the	Association will send an invoice fo	or the first full ve	ar's annual dues. Please provide the bill	inσ
contact information below.	Association will send all invoice in	or the macram yes	in 3 difficult dues. Fledse provide the bill	···6
Contact Name		Conta	ct Name	
Title			Title	
Phone			Phone	
Email			Email	
will be familiar with the Aluminum Association's me	Applicant and if asked would mbership. Without completing the	d affirm that th	references. It is generally anticipated that e Applicant would be a positive ac application, the Association will not be	ddition to the
forward with the application	process.			
Reference 1		Reference 2		
Name of Company		Name of	Company	
Contact Name		Conta	ict Name	
Address			Address	
City			City	
City State/Zip		-	City State/Zip	
City State/Zip Phone			City State/Zip Phone	
City State/Zip		- - -	City State/Zip	
City State/Zip Phone Email		- - Reference 4	City State/Zip Phone Email	
City State/Zip Phone Email Reference 3 Name of Company		Reference 4	City State/Zip Phone Email Company	
City State/Zip Phone Email Reference 3 Name of Company Contact Name		Reference 4	City State/Zip Phone Email Company act Name	
City State/Zip Phone Email Reference 3 Name of Company Contact Name Address		Reference 4	City State/Zip Phone Email Company act Name Address	
City State/Zip Phone Email Reference 3 Name of Company Contact Name Address City		Reference 4 Name of 6 Conta	City State/Zip Phone Email Company act Name Address City	
City State/Zip Phone Email Reference 3 Name of Company Contact Name Address City State/Zip		Reference 4 Name of 6 Conta	City State/Zip Phone Email Company act Name Address City State/Zip	
City State/Zip Phone Email Reference 3 Name of Company Contact Name Address City State/Zip Phone		Reference 4 Name of 6 Conta	City State/Zip Phone Email Company act Name Address City State/Zip Phone	
City State/Zip Phone Email Reference 3 Name of Company Contact Name Address City State/Zip		Reference 4 Name of 6 Conta	City State/Zip Phone Email Company act Name Address City State/Zip	
City State/Zip Phone Email Reference 3 Name of Company Contact Name Address City State/Zip Phone Email 8 By signing below, I acknowledges	nowledge that I have read, unders	Reference 4 Name of Conta	City State/Zip Phone Email Company act Name Address City State/Zip Phone Email Email Cothe above statements. I hereby certify	that, to the
City State/Zip Phone Email Reference 3 Name of Company Contact Name Address City State/Zip Phone Email 8 By signing below, I acknowledge and best of my knowledge and bes	_	Reference 4 Name of 6 Conta	City State/Zip Phone Email Company act Name Address City State/Zip Phone Email Email Cothe above statements. I hereby certify	

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