

# 2025 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.

## 1 Applicant Information:

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Website \_\_\_\_\_  
Location of Applicant's Headquarters (if different than above) \_\_\_\_\_

By initialing here \_\_\_\_\_, the above company hereby applies for membership in the Aluminum Association and agrees to abide by its [Bylaws](#) with special attention to Article 1, Section 4.

**2 Official Representative:** Please identify the senior-most representative of the company who would act as the "Official Representative." The Official Representative is the person with whom the Aluminum Association will interact on significant issues and to whom all official correspondence, notices, etc., regarding the Aluminum Association should be addressed. For most members, this would be the President, CEO, or equivalent leader of the company.

Official Representative's Name & Title \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**3 Description of Business:** Describe the nature of the applicant's business and how the applicant's interest in the aluminum industry is direct and substantial:

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

**4 Production:** The applicant produces or distributes the following products or services, which are either supplied to, or distributed on behalf of the aluminum industry:

### Products or Services

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

### Distributors or Service Centers

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

**5 Employees:** Number of employees in businesses related to the aluminum industry:

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:  
Jennifer Bell, Membership Services Director  
(703) 785-3714 or [jbelle@aluminum.org](mailto:jbelle@aluminum.org)

**The Aluminum Association**  
1400 Crystal Drive, Suite 430  
Arlington, VA 22202  
(703)-358-2960  
[www.aluminum.org](http://www.aluminum.org)

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**6 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:**

Sales	Annual Dues	
Less than \$5 million	\$3,300	<input type="checkbox"/>
\$5 – 25 million	\$6,600	<input type="checkbox"/>
Greater than \$25 million	\$13,200	<input type="checkbox"/>

**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 \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**7 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

Name of Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Reference 2

Name of Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Reference 3

Name of Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Reference 4

Name of Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**8** 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.

Signature \_\_\_\_\_  
Name \_\_\_\_\_

Title \_\_\_\_\_  
Date \_\_\_\_\_

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