

# Affiliate Membership Application



New Member  
 Reactivate

Terminate  
 Rep Change

Other: \_\_\_\_\_

## Company Information

Company Name: \_\_\_\_\_ Type of Company \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Email Address: \_\_\_\_\_ Webpage: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Company Representatives

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Additional Company Representatives

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please Indicate the Committees You Would Like to Participate on (Optional)

Government Affairs Committee  
Awards Committee  
Social Committee

Community Involvement  
Affiliate Committee

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

## UCAR Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Fees Amount Paid: \$ \_\_\_\_\_

Fee Received: YES/NO RAMCO: \_\_\_\_\_ NAR ID: \_\_\_\_\_