

AFFILIATE

MEMBERSHIP APPLICATION

We, the undersigned, hereby apply for membership in the Safety Equipment Distributors Associations, Inc. (SEDA), a trade association, incorporated under the laws of Virginia as a non-profit association. The undersigned agrees to abide by all present and future bylaws of the association, all rules and regulations as may be established by the board of directors, to attend meetings whenever possible, to cooperate with fellow members and to work for the best interests of the membership.

Company: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Internet: www. _____ Email: _____

Name: _____ Title: _____

Date: _____ Total number of employees _____

The information contained in this application will be used to determine your qualifications for membership in accordance with SEDA bylaws. The entire application must be considered for membership. Failure to complete and sign all parts will result in processing delays.

A. Our company has been in the safety equipment industry since _____

B. How did you first learn about SEDA? _____

C. Were you referred by a SEDA member? Yes No
If so, who? (name/company): _____

D. What do you hope to gain from SEDA membership? _____

E. Are you a privately owned or publically owned business? _____

F. What other Safety Associations do you belong to? _____

G. What Safety Industry Events have you participated in during the last 5 years? _____

H. Our SEDA voting representative will be (name and title please):

Representative (name/title): _____

Phone: _____ Email: _____

Alternate (name/title): _____

Phone: _____ Email: _____

I. Which of the following safety products are manufactured and distributed in interstate commerce to qualify your company for Affiliate membership? _____

Product Listing: (circle all that you manufacture)

- | | | |
|---------------------------------|---------------------------------|----------------------------|
| a. AEDs | h. Flammable Storage & Handling | o. Respiratory Protection |
| b. Emergency Showers & Eye Wash | i. Foot Protection | p. Safety Training |
| c. Ergonomic Products | j. Gas Detection | q. Signs |
| d. Eye/Face Protection | k. Hand Protection | r. Spill Control Products |
| e. Fall Protection | l. Head Protection | s. Traffic Safety Products |
| f. Fire Protection Products | m. Hearing Protection | t. Other Products _____ |
| g. First Aid Products | n. Protective Apparel | _____ |

J. Are the majority of the products listed above sold through safety equipment distributors?

Yes No If no, please explain your method of marketing your products (see below).

Website Direct End Users Catalog Only Other

K. Approximately how many direct distributors do you supply? _____

L. List five safety equipment distributors who are direct distributors of your products in the United States and Canada (include name, telephone, E-mail & title)

1. _____
2. _____
3. _____
4. _____
5. _____

M. Membership Requirements – To be eligible for membership applicants shall initial the blank space provided certifying that you have read, understand and will comply with the following requirements. Failure to complete all information will result in a processing delay.

- | | Initial |
|--|---------|
| 1. Be a legal business entity or a clearly separate division of a legal business entity dealing principally in safety equipment manufacturing, as defined by the bylaws for at least one year prior to making application. | _____ |
| 2. Required payment of one year's dues in advance is enclosed. | _____ |
| 3. Said product(s) shall be readily available for shipment of current orders as attested by specific certification of applicant. | _____ |

N. Dues

The annual membership dues are based on gross sales as indicated on the enclosed dues schedule. Please include your check for one year's dues with application.

I certify that the information contained herein is accurate and complete. We will furnish additional information upon request. If we are approved for membership and our membership in the association is later terminated for any reason, we agree to discontinue all use of the association name, emblem and any other reference which would in any way imply that in the conduct of our business, we have any connection with the association.

Firm Name _____ Date _____

Signed _____ Title _____

**Your dues are deductible as an ordinary and necessary business expense,
and are not deductible as a charitable contribution.**