



International Membership Application

Membership Application

The undersigned hereby applies for membership in the Secondary Materials and Recycled Textiles Association, an Illinois not-for-profit corporation. The undersigned agrees to abide by the bylaws of the association and all rules, regulations and policies as may be established by its board of directors.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Internet: www. _____ E-mail: _____

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 SMART bylaws. The entire application must be completed to be considered for membership.

A. Is your company publically held or privately held? public private

B. Our company has been in the wiping materials, used clothing or fiber industry since: _____

C. What is your principal activity or business: _____

D. How did you first learn about SMART? _____

E. Were you referred by a SMART member? Yes No

If yes, who? (name/company): _____

F. What do you expect to gain from your SMART membership? _____

G. What other Associations do you belong to? _____

H. What Industry Events have you participated in during the past 5 years? (ex INDA, BIR, NRC, SWANA, ISSA etc)

Note: The Applicant agrees to abide by the Bylaws and all other guidelines approved and adopted by the Board of Directors and/or membership. The Applicant further understands and agrees that these documents may be amended or revoked at any time.

I. Our SMART voting representatives will be:

Representative (name/title): _____

Phone: _____ E-mail: _____

Alternate (name/title): _____

Phone: _____ E-mail: _____

Please list subsidiary firms and addresses:

J. Any for profit firm or corporation located outside of the United States engaged in the wiping materials, used clothing or fiber industry may be eligible to become a member of the association, provided that it meets the standards for membership as set forth by the board of directors and pays association dues.

Please provide a brief description of the products and/or services provided:

Membership Categories: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Baling & Packaging Machinery | <input type="checkbox"/> Remnants/Roll Goods |
| <input type="checkbox"/> Baling/Packaging, Processing & Shipping Supplies | <input type="checkbox"/> Retail Store/Manufacturer Close-outs |
| <input type="checkbox"/> Books | <input type="checkbox"/> Sewing/Die Cutting |
| <input type="checkbox"/> Cheesecloth/Tack Cloth | <input type="checkbox"/> Shoes & Belts/Purses |
| <input type="checkbox"/> Clean Room Wipers Distributor | <input type="checkbox"/> Sorbent Products – Distributor |
| <input type="checkbox"/> Clean Room Wipers Manufacturer | <input type="checkbox"/> Sorbent Products – Converter/Manufacturer |
| <input type="checkbox"/> Collection Box Operator | <input type="checkbox"/> Used Clothing Grader |
| <input type="checkbox"/> Collection Box Manufacturer | <input type="checkbox"/> Vintage Clothing |
| <input type="checkbox"/> Credential Clothing | |
| <input type="checkbox"/> Fiber By-products | |
| <input type="checkbox"/> Fiber Manufacturing | |
| <input type="checkbox"/> Freight | |
| <input type="checkbox"/> Hard/Soft toys | |
| <input type="checkbox"/> Institutional Mixed Used Clothing | |
| <input type="checkbox"/> Laundry (On-Premise) | |
| <input type="checkbox"/> Machine Wiping Waste | |
| <input type="checkbox"/> Microfiber Cloths/Mops | |
| <input type="checkbox"/> New Mill End – Grading/Sorting | |
| <input type="checkbox"/> New Mill End Wipers - Distributor | |
| <input type="checkbox"/> New Towels/Linens | |
| <input type="checkbox"/> Non-Woven/Paper Wiper- Distributor | |
| <input type="checkbox"/> Non-Woven/Paper Wiper- Converter/Manufacturer | |
| <input type="checkbox"/> Reclaimed Wipers From Clothing – Distributor | |
| <input type="checkbox"/> Reclaimed Wipers From Clothing – Grading/Sorting | |
| <input type="checkbox"/> Reclaimed Wipers From Linen Supply Distributor | |
| <input type="checkbox"/> Reclaimed Wipers From Linen Supply Grading/Sorting | |

Chapters: (check all that apply)

- Canadian
 Fiber
 Recycled Clothing
 Wiping Material Converters & Distributors

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

1. Be a legal business entity or a clearly separate operating division of a legal business entity doing business outside of the United States and dealing in the recycled textile industry, used clothing, wipers, fibers, non woven/paper converter, distributor, 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. *Prospective member company has read, agrees and complies with the SMART Donation Drop Box Operator Code of Conduct. _____

4. *Prospective member has read, agrees and complies with all of the SMART Member Code of Conduct. _____

*The SMART Member Code of Conduct and the SMART Donation Drop Box Operator Code of Conduct are independent of this application.

Payment must accompany application. Payment may be made by checks drawn on U.S. banks, wire transfers, or VISA, MasterCard, AMEX, all in U.S. dollars. **Your dues are deductible as an ordinary and necessary business expense and are not deductible as a charitable contribution.**

Membership Value Package Rate: \$2,995 per year or **Regular International Rate:** - \$1,395 USD per year

Total Enclosed: \$ _____

Check Enclosed. Check must be in U.S. Funds

Credit Card # _____ Expire Date _____

Signature _____

If the company is owned or controlled by parties other than the applicant, please complete the following information:

Parent Company or Corporation: _____

Address: _____ Phone: _____

Principal Activity or Business: _____

I certify that the information contained herein is accurate and complete. We will furnish additional information upon request. If our membership in **SMART** is terminated for any reason, we hereby 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 relationship whatsoever with the association.

Dated this _____ day of _____, _____

Signature

Print Name

Title

Please return completed application to: Secondary Materials and Recycled Textiles Association

2105 Laurel Bush Rd. Ste. 200 Bel Air, MD 21015 Phone: 443-640-1050 Fax: 443-640-1086 E-Mail: SMART@ksgroup.org