



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: _____

Website: _____ E-mail: _____

Name: _____ Title: _____

Total number of employees: _____ Owner: _____

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 publicly held or privately held? public private

B. Our company has been dealing with 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 main representatives will be:

Representative (name/title): _____

Phone: _____ E-mail: _____

Alternate (name/title): _____

Phone: _____ E-mail: _____

Please list subsidiary firms and addresses:

J. Any firm or corporation engaged in a business allied to the wiping materials or textile recycling industry as determined by the Board of Directors may become an Associate member of the Association upon application and the payment of dues. Please provide a brief description of the products and/or services provided:

Membership Categories: (check all that apply)

Baling & Packaging Machinery

Baling/Packaging, Processing & Shipping Supplies

Collection Box Manufacturer

Freight

Laundry (On-Premise)

Other: _____

(if your business falls under "other", you must explain the business and it must meet the criteria stated under letter "J" above for Associate Member.)

Chapters: (check all that apply)

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 engaged in a business allied to the wiping materials or textile recycling industry, 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 has read, agrees and complies with the SMART Member Code of Conduct. _____

*The SMART Member Code of Conduct and the SMART Clothing Collection Bin Operator Code of Conduct are independent of this application. They can be found on the SMART website under Membership.

Payment must accompany application. Payment may be made by checks paid to SMART 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.**

Select Membership Type:

Associate Rate: - \$2,140 USD per year

Total Enclosed: \$ _____

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

Credit Card # _____ CVV: _____ 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
1300 Piccard Drive, Ste LL 14, Rockville, MD 20850 Phone: 301-953-8200 E-Mail: slycett@m-sp-amc.com