



**SECONDARY MATERIALS®
AND RECYCLED TEXTILES**

The Association of Wiping Materials, Used Clothing and Fiber Industries

Industry

Membership Application - 2025

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 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 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)

- Baling & Packaging Machinery
- Baling/Packaging, Processing & Shipping Supplies
- Books
- Cheesecloth/Tack Cloth
- Clean Room Wipers Distributor
- Clean Room Wipers Manufacturer
- Collection Box Operator
- Collection Box Manufacturer
- Credential Clothing
- Fiber By-products
- Fiber Manufacturing
- Freight
- Hard/Soft toys
- Institutional Mixed Used Clothing
- Laundry (On-Premise)
- Machine Wiping Waste
- Microfiber Cloths/Mops
- New Mill End – Grading/Sorting
- New Mill End Wipers - Distributor
- New Towels/Linens
- Non-Woven/Paper Wiper- Distributor
- Non-Woven/Paper Wiper- Converter/Manufacturer
- Reclaimed Wipers From Clothing – Distributor
- Reclaimed Wipers From Clothing – Grading/Sorting
- Reclaimed Wipers From Linen Supply Distributor
- Reclaimed Wipers From Linen Supply Grading/Sorting
- Remnants/Roll Goods
- Retail Store/Manufacturer Close-outs

- Sewing/Die Cutting
- Shoes & Belts/Purses
- Sorbent Products – Distributor
- Sorbent Products – Converter/Manufacturer
- Used Clothing Grader
- Vintage Clothing

Chapters: (check all that apply)

- Fiber
- Recycled Clothing
- Wiping Material Converters & Distributors

What was your company's total annual sales in US dollars for the last calendar year?

- | | |
|--|---|
| <input type="checkbox"/> \$0-\$1 million | <input type="checkbox"/> \$25-\$50 million |
| <input type="checkbox"/> \$1-\$5 million | <input type="checkbox"/> \$50-\$100 million |
| <input type="checkbox"/> \$5-\$10 million | <input type="checkbox"/> \$100-\$500 million |
| <input type="checkbox"/> \$10-\$25 million | <input type="checkbox"/> Greater than \$500 million |

What was your company's payroll (compensation excluding benefits) for last calendar year?

- | | |
|--|---|
| <input type="checkbox"/> \$0-\$1 million | <input type="checkbox"/> \$25-\$50 million |
| <input type="checkbox"/> \$1-\$5 million | <input type="checkbox"/> \$50-\$100 million |
| <input type="checkbox"/> \$5-\$10 million | <input type="checkbox"/> \$100-\$500 million |
| <input type="checkbox"/> \$10-\$25 million | <input type="checkbox"/> Greater than \$500 million |

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 in the United States and dealing in the recycled textile industry, used clothing, wipers, fibers, non woven/paper converter, and distributor, as defined by the bylaws. _____

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 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 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:

Industry Rate: - \$2,400 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