



Company Name _____ Date _____

Address _____

City _____ State/Prv. _____ Zip/Zone _____ Country _____

Telephone _____ 800-Line _____ Fax _____

Website _____ Company Email _____

Company Executive/ Primary Voting Contact to receive all mailings: Name _____

Title _____ Direct Line _____ Email Address _____

Owner/ CEO: _____ Title _____ Email Address _____

How did you hear about ISD? Internet Trade Pub. ISD Mailing Customer Member referral _____

Membership Requirements (Check category of membership desired)

DISTRIBUTOR MEMBER (Voting category)

Please list 3 of your current suppliers:

1. _____ 2. _____ 3. _____

Distributor Members shall be business entities (such as corporations, partnerships, etc.) that: **i:** Are engaged in the distribution of fluid sealing products and/or fluid sealing services to industry, institutions, end users, and/or original equipment manufacturers, and who have engaged in such business for a period of at least one year prior to application for membership in this Corporation; and, **ii:** Are not subsidiaries or affiliates of any fluid sealing manufacturer; and, **iii:** Act as distributors for products manufactured by two or more manufacturers of fluid sealing products; and, **iv:** Maintain their own inventory of at least \$50,000 at cost of fluid sealing products. Fluid sealing products are defined as mechanical or hydraulic seals, packings or gaskets; and, **v:** Maintain a minimum annual gross sales of at least \$250,000 of fluid sealing products and fluid sealing services.

I have read the listed membership requirements for my category and certify that my company meets the criteria necessary for membership in ISD.

Signed: _____ Date _____

So that we may fully serve you and your employees please list employee name and data for each position below:

Finances _____	Email _____	Title _____
Operations Management _____	Email _____	Title _____
Technical/Engineering _____	Email _____	Title _____
Sales Management _____	Email _____	Title _____
Inside Sales _____	Email _____	Title _____
Outside Sales _____	Email _____	Title _____
Business Tech/IT _____	Email _____	Title _____
Marketing _____	Email _____	Title _____
International Business _____	Email _____	Title _____
Growth & Acquisitions _____	Email _____	Title _____
HR/Personnel _____	Email _____	Title _____
Purchasing _____	Email _____	Title _____
Quality Control _____	Email _____	Title _____
Other _____	Email _____	Title _____

Membership Dues - Dues and branch service fees are payable with application, and are renewable by 12/31 each year. New applicants will pay the pro-rated share of the annual dues plus full branch and service fees. Annual dues include one prepaid ISD Sealing Summit attendee registration (may not be used for or applied to any other purpose). Initiation fee is paid upon joining or upon rejoining if membership has lapsed.

First Year Dues, Based on Date Joined

Membership Category	1/1 – 3/31 Full Year	4/1 – 6/30	7/1 – 9/30	10/1 – 12/31 – 15 Months
A 1 to 10 Employees	\$800	\$600	\$400	\$1000
B 11 to 50 Employees	\$1125	\$850	\$570	\$1415
C 51 to 200 Employees	\$1550	\$1165	\$775	\$1940
D 201 to 1, 000 Employees	\$2125	\$1595	\$1065	\$2660
E over 1, 000 Employees	\$2370	\$1780	\$1185	\$2970

Branches Service Fee – List contact information below for branches paying the annual Service Fee. These branches will receive all ISD mailings, and will be listed in the ISD Annual Membership Directory and website. *(Attach separate list if necessary)*

Branch/Co. Name _____	Branch/Co. Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Contact _____ Title _____	Contact _____ Title _____
Tel:() _____ Fax:() _____	Tel:() _____ Fax:() _____
E-mail _____	E-mail _____

Branch/Co. Name _____	Branch/Co. Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Contact _____ Title _____	Contact _____ Title _____
Tel:() _____ Fax:() _____	Tel:() _____ Fax:() _____
E-mail _____	E-mail _____

Payment Calculations:

Membership Category _____ **Dues Amount \$** _____ **+ Initiation Fee \$150 = US\$** _____

Number of branches _____ **x US\$95.00 = US\$** _____

TOTAL DUE = US\$ _____

____ Check Made Payable to ISD Charge to: MC Visa Amex Discover

Card No. _____ Exp. _____

V Code _____ (Last 3 digits on back of card. AMEX is 4 digits on front)

Name on Card _____ Authorized Signature _____

Mail completed form to: ISD- 105 Eastern Avenue, Suite 104 - Annapolis, MD 21403 or Fax to 410-263-1659