



# Associate Member Application Form

Membership in NACDS is effective pending receipt of application and membership dues, and approval by the Board of Directors. Sensitive information will be held in strict confidence. For questions, please contact NACDS Membership Services at 703.837.4111.

For Official Use Only:

Date: \_\_\_\_\_

Dues: \_\_\_\_\_

ID#: \_\_\_\_\_

## I. Company Information

COMPANY NAME (AS IT IS TO APPEAR AT MEETINGS, CONFERENCES, AND IN NACDS PUBLICATIONS)

MAILING ADDRESS

CITY STATE ZIP

STREET ADDRESS

CITY STATE ZIP

PHONE FAX TOLL FREE

COMPANY HELD:  PUBLICLY  PRIVATELY

COMPANY WEBSITE

DATE COMPANY FOUNDED STOCK SYMBOL

PARENT COMPANY

PARENT COMPANY ADDRESS

## II. Officers and Contacts

COMPANY'S PRIMARY NACDS CONTACT TITLE EMAIL

ADDRESS (IF DIFFERENT FROM ABOVE)

PHONE FAX

CHAIRPERSON TITLE EMAIL

PRESIDENT TITLE EMAIL

CEO TITLE EMAIL

COO TITLE EMAIL

CFO TITLE EMAIL

CMO TITLE EMAIL

GOVERNMENT AFFAIRS CONTACT TITLE EMAIL

DISTRIBUTION/ LOGISTICS CONTACT TITLE EMAIL

SENIOR SALES CONTACT TITLE EMAIL

