

CORDAGE INSTITUTE

994 Old Eagle School Road, Suite 1019, Wayne, PA 19087-1866 USA
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APPLICATION FOR RESELLER MEMBERSHIP

Date: _____

The undersigned applies for Membership in the Cordage Institute as a Reseller Member, as described in Article II of the Institute by-laws and excerpted below.

(Please print all entries)

Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Country: _____ Web Site: _____

Phone: () _____ Fax: () _____ Email: _____

2.1(H) Reseller Member. Any company serving as a distributor, wholesaler, fabricator, or broker of industry products shall be eligible to be a Reseller Member. They shall share in the duties, rights, and privileges of Regular Members, including the right to vote, except that Reseller Members cannot serve as Officers or Directors.

Designated Primary Representative for the Company:

Name: _____ Title: _____

Email: _____

Products Distributed, Fabricated and/or Manufactured:

Please include a product catalog with your application.

ANNUAL DUES:

Based on company's last complete financial period (Calendar or Fiscal)

[]	Class A – Annual Sales of Industry Products	\$12,000,000 and over	\$3000
[]	Class B – Annual Sales of Industry Products	\$6,000,000 to 11,999,000	\$2500
[]	Class C – Annual Sales of Industry Products	\$3,000,000 to \$5,999,000	\$1875
[]	Class D – Annual Sales of Industry Products	\$1,000,001 to \$2,999,000	\$1000
[]	Class E – Annual Sales of Industry Products	\$1,000,000 and under	\$ 550

Method of payment: Check/draft in US funds
 Visa MasterCard American Express

Card # _____ Expires _____

Name on Card _____

Billing address for card _____
