**MEMBER APPLICATION - Americas**

**Manufacturing Company:** Membership is tied to the manufacturing location. Indicate formal postal address.

Manufacturing Company Name: [Enter Formal Mfg Company Name] Number of Employees: [Enter #]

Address: [Enter Mfg Co Address] City: [Enter Mfg Co City]

State/Province: [Enter State/Province] Zip/Postal Code: [Enter Zip/Postal Code]

Country: [Enter Country] Website: [Enter website]

Phone Number: [Enter Mfg Phone #] Fax Number: [Enter Mfg. Fax #]

LinkedIn Address: [Enter LinkedIn Address Link] Other social media: [Enter other social media links]

[ ]  Primary Address [ ]  Billing Address [ ]  Shipping Address

**Company:** Indicate formal postal address ONLY if the manufacturing address is different.

Company Name: [Enter Formal Company Name] Number of Employees: [Enter Co #]

Address: [Enter Company Address] City: [Enter Company City]

State/Province: [Enter Company State/Province] Zip/ Postal Code: [Enter Company Zip/Postal Code]

Country: [Enter Company Country] Website: [Enter Company Website]

Phone Number: [Enter Co Phone #] Fax Number: [Enter Co Fax #]

LinkedIn Address: [Enter Company LinkedIn Link] Other social media: [Enter other Company social media links]

[ ]  Primary Address [ ]  Billing Address [ ]  Shipping Address

**Product Scope:** We are engaged in the [ ]  Design [ ]  Fabrication [ ]  Assembly [ ]  Sale

Of the following product(s) within one or more AMCA divisions as part of a regular product offering. Include both AMCA-certified and non-certified products the company manufactures.

|  |  |
| --- | --- |
| **AIR-MOVEMENT PRODUCTS** | **AIR-CONTROL** |
| FANS[ ] Agricultural [ ] Arrays [ ] Axial[ ] Centrifugal [ ] Circulating [ ] Induced flow[ ] Jet[ ] Large-diameter ceiling  (blade tip dia. > 84.5”)[ ] Mixed flow[ ] Propeller  | [ ] Air-curtain units[ ] Axial impeller[ ] Evaporative coolers[ ] Single room air-handlerVENTILATORS[ ] Energy-recovery [ ] Heat-recovery [ ] Positive pressure [ ] Power roof [ ] Residential ceiling  | [ ] Acoustical duct silencer[ ] Airflow-measurement station[ ] Dampers[ ] Duct [ ] Louver [ ] Spiral gravity roof ventilator |

**Product Specifications.** Include website link(s) to product specification sheets(s) or catalog(s) in the AMCA product scope. The products above must be listed on the company website before the AMCA Board of Directors vote. If links are unavailable, attach PDF(s) to the email with all completed documentation and indicate expected date of website update Select date. [Insert links to each product checked above or PDF copies of collateral for the items checked above.]

**MEMBER APPLICATION, Continued**

**Revenue from Sales.** Indicate the sales value of all products under AMCA’s scope, both AMCA-certified and non-certified, shipped from the company during the calendar year ending December 31, 2022. Failure to report revenue sales will result in the maximum fee. AMCA requires a yearly report on sales.

Total USD revenue from all AMCA-scope product shipments: [Enter Total Revenue in USD]

**Certified Product Plan.** Indicate the company plan to certify AMCA scope of products. Failure to fulfill this plan could result in termination of membership.

Number of Air-Movement Products # [Enter #] Date: [Select date]

Number of Air-Control, Acoustic, & Measurement Products # [Enter #] Date: [Select date]

If the companycontractually sell or represent another manufacturers’ product, indicate the following:

Company Name(s): [Enter Contract Company Name] Location: [Enter Contract City, State/Province, Country.

Product(s): [Enter products]

Company Name(s): [Enter Contract Company Name] Location: [Enter Contract City, State/Province, Country]

Product(s): [Enter products]

Company Name(s): [Enter Contract Company Name] Location: Enter Contract City, State/Province, Country]

Products(s): [Enter products]

**Subsidiary** companies that hold AMCA membership.

Subsidiary Company: [Enter Subsidiary Company Name] Location: [Enter City, State/Province, Country]

Subsidiary Company: [Enter Subsidiary Company Name] Location: [Enter City, State/Province, Country]

Subsidiary Company: [Enter Subsidiary Company Name] Location: [Enter City, State/Province, Country]

Has the company ever applied for affiliate status or AMCA membership before? [ ]  Yes [ ]  No

**ATTESTATION & SIGNATURE:**

I affirm and declare under penalty of perjury that the information I have supplied is true and correct, and that this form was executed on the date set forth below. I understand that all information provided is subject to verification and that I may be asked to provide supplemental information before the application is considered complete and valid.

Company: [Enter Company Name] Date: [Select Date]

Name: [Enter Full Name] Title: [Enter Title] Email: [Enter E-mail]

Signature: 

[ ]  Check this box to indicate that your typed name above is acceptable as your signature.

**APPLICATION AGREEMENT**

**Applicant:** TheAir Movement and Control Association (AMCA) International Inc. is a not-for-profit association. AMCA International resources, knowledge, and expertise are available to member/affiliate applicants only. A member is entitled to one vote on issues affecting AMCA International Inc., as defined in the AMCA bylaws. Membership is connected to the manufacturing company location.

**We agree:**

1. To submit the following via email to membership@amca.org and accounting@amca.org, Subject: AMCA Application
	1. a complete and accurate application.
	2. a copy of the submitted USD 2000.00 transaction fee.
	3. attach brochures, catalogs, or product specification sheet(s).
2. This application is not driven by our need to certify a single product manufactured solely to meet the requirements of an individual job not offered to the public regularly.
3. If elected, agree to comply with the association’s code of ethics, nondisclosure, bylaws, rules, and regulations, and such amendments thereto, which hereafter may be adopted.
4. To furnish qualified representatives to participate in the association's activities and submit evidence that we are experienced, technically qualified, financially responsible, and able and willing to promote the association's objectives.
5. To consent to a financial risk evaluation through Dun & Bradstreet and review of subsidiaries by AMCA.
6. To consent to a site visit at the manufacturing location by AMCA.
7. Fees and invoices are in USD, non-negotiable, and subject to change without notice.
8. A $35 USD international processing fee applies per international payment transaction.
9. To maintain good financial standing, as well as our subsidiaries, to access AMCA resources.
10. To pay fees, dues, and assessments for the current fiscal year, prorated from the date of application and any local taxes, tariffs, and transmittal fees that may apply.
11. All invoices are due upon receipt. Access to AMCA resources will be made available after payment.
12. That failure to pay in 30 days without notification will result in the application being withdrawn. Future applications from the applicant or any subsidiaries will require all fees paid with a new application, the maximum assessment fee, and payment of outstanding invoices. All future fees (testing, accreditation, etc.) will be paid prior to services rendered.
13. The discounted group fees will not apply should any group participant have outstanding invoices of 90 days.
14. To report yearly revenue sales. Failure to report revenue sales by the deadline provided in the request, we understand we will be invoiced and pay the maximum assessment fee.
15. If we resign from AMCA membership, we shall give notice in writing and be responsible for paying dues and regular assessments for the two quarters following receipt of the resignation letter.
16. Applicants have up to 30 days to withdraw the application after initial submission to maintain good standing.
17. Payment information in USD as follows:

Harris Bank, N.A.

3225 Kirchoff Rd., Rolling Meadows, IL 60008 USA

Account #0901111612; SWIFT Code: HATRUS44

For further credit to: Air Movement and Control Association International, Inc.

30 West University Drive, Arlington Heights, IL 60004-1893 U.S.A.

Phone: +1 847-394-0150 Fax: +1 847-253-0088 amca@accounting.com

**APPLICATION AGREEMENT,** Continued

**Member fees:** Dues, fees, and assessments are subject to change without notice.

|  |  |  |
| --- | --- | --- |
| **New Member Application Fees –Americas** | **Minimum**  | **Maximum**  |
| Non-refundable application  | $2,000 | $2,000 |
| Non-refundable site visit: In region $1,250, outside of region $2,500 | $1,250 | $2,500 |
| Financial commitment (based on Dun & Bradstreet & AMCA report) \*  | $5,000 | $15,000 |
| Prorated member dues (July-June) | $458.33 | $5,500 |
| Annual sales assessment (0.00109 x combined value of annual report of sales within AMCA scope) | $4,000 | $65,000 |
| **Yearly Fees** | **USD 9,500** | **USD 70,500** |
| Full year member dues (July-June) | $5,500 | $5,500 |
| Annual sales assessment (0.00109 x the combined value of annual report of sales within AMCA scope) | $4,000 | $65,000 |

**\*Financial Commitment:** The commitment fee will be determined by a Dun & Bradstreet financial report (via the reported Credit Appraisal and PAYDEX) and any outstanding AMCA fees from subsidiaries:

* Low - $5,000
* Moderate - $10,000
* High - $15,000, all fees paid in advance (membership, testing, etc.)

The commitment fee may be applied to any outstanding invoices or returned upon resignation if the following are met:

* Have four certified products for at least four years or have an accredited lab for at least four years.
* Resign in good standing with no outstanding balances.
* Have no violations.

**ATTESTATION & SIGNATURE:**

Company: [Enter Company Name] Date: [Select Date]

Name: [Enter Full Name] Title: [Enter Title] Email: [Enter E-mail]

Signature: 

[ ]  Check this box to indicate that your typed name above is acceptable as your signature.

**PERSONNEL CONTACTS**

Contacts receive members-only access through their **unique email address** and appropriate correspondence.

President or Chief Executive Officer (CEO)

First/Given Name: [Enter First/Given Name] Last/Surname: [Enter Last/Surname]

Formal Title: [Enter Company Title] Email: [Enter Email]

Phone Number: Enter Phone # Extension: Enter#

Chief Financial Officer (CFO)

First/Given Name: [Enter CFO First/Given Name] Last/Surname: [Enter CFO Last/Surname]

Company Title: [Enter Title] Email: [Enter Email]

Phone Number: Enter Phone # Extension: Enter#

Primary Voting Representative (R): As approved by the board of directors, a member has one vote on AMCA International issues as an organization and one vote on division issues.

First/Given Name: [Enter First/Given Name] Last/Surname: [Enter Last/Surname]

Title: [Enter Title] Email: [Enter Email]

Phone Number: [Enter Phone #] Contact LinkedIn Address: [Enter Link to LinkedIn Address]

Dates of Employment: [Enter Dates of Employment]

Key responsibilities: [Enter key responsibilities]

Education: Degree: [Enter Degree] Graduation date: [Enter Graduation Date]

University, College, or School: [Enter University, College, or School]

Alternate Voting Representative (A): If the primary voting representative is unavailable.

First/Given Name: [Enter First/Given Name] Last/Surname: [Enter Last/Surname]

Title: [Enter Title] Email: [Enter Email]

Phone Number: [Enter Phone #] Contact LinkedIn Address: [Enter Link to LinkedIn Address]

Dates of Employment: [Enter Dates of Employment]

Key responsibilities: [Enter key responsibilities]

Education: Degree: [Enter Degree] Graduation date: [Enter Graduation Date]

University, College, or School: [Enter University, College, or School]

Accounts Payable (Ap): Alternate to the billing representative and copied on all invoices.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#

Billing (B): Main contact for financial and billing information.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter# Fax Number: Enter Fax #

**PERSONNEL CONTACTS,** Continued

Engineering (E): Receives open committee calls, updated standards, and publications.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#

Contact LinkedIn Address: Click or tap here to enter text.

Laboratory Test (Lt): Authorizes testing, completes Testing Agreement Forms (TAF), and receives test reports.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#

Licensing (L): Authorizes certification, signs Certified Ratings Program (CRP) forms.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#

Marketing (M)**:** Receives content (i.e., education, meetings, newsletters, etc.) to share with staff.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone #. Extension: Enter#

Contact LinkedIn Address: Click or tap here to enter text.

Sales/Distributor: Receives content (i.e., education, meetings, newsletters, etc.).

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#

Contact LinkedIn Address: Click or tap here to enter text.

Region/Geographic area coverage: Click or tap here to enter text.

Advocacy/Governmental Affairs:Receives open committee calls, updated standards, and publications.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#.

**NONDISCLOSURE AGREEMENT**

THIS AGREEMENT is entered into by and between the Air Movement and Control Association (AMCA) International, Inc., with its principal offices at 30 W. University Drive, Arlington Heights, IL, 60004 USA and **[Enter Full Company Name]** located **[Enter City, State/Province, Country]** (“Disclosing Party”) for the purpose of preventing the unauthorized disclosure of Confidential Information as defined below. This Agreement shall have an effective date of **[Select Date]**.

AMCA and the Disclosing Party are currently engaged in discussions concerning Disclosing Party becoming an AMCA member/affiliate company. In connection with such discussions, the Disclosing Party may disclose confidential or proprietary information relating to its business operations to AMCA. The Disclosing Party will continue to furnish confidential or proprietary information to AMCA in the event it becomes a member/affiliate company. Pursuant to this Agreement, AMCA agrees that it shall hold as confidential all individual company data provided by Disclosing Party and to not disclose such information to any individual or other entity absent Disclosing Party’s prior written approval. In consideration for this undertaking to hold such information confidential, the Disclosing Party agrees to supply such information to AMCA for the purposes set forth herein.

1. Definition of Confidential Information. For purposes of this Agreement, “Confidential Information” shall include all information or material that has or could have commercial value or other utility in the business in which Disclosing Party is engaged. If any information is provided by the Disclosing Party to AMCA verbally, the Disclosing Party shall state whether such information is to be treated as Confidential under this Agreement.

2. Obligations with Respect to Confidential Information. AMCA shall hold and maintain the Confidential Information in the strictest confidence for the sole and exclusive benefit of Disclosing Party. AMCA shall also carefully restrict access to Confidential Information to employees, contractors, and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in this Agreement. AMCA shall only use Disclosing Party’s Confidential Information for purposes of advancing AMCA’s mission and in connection with certain programs made available to AMCA member companies (as set forth in Section 3 below). AMCA shall not use Disclosing Party’s Confidential Information for other purposes, nor shall it disclose such information to any third party, absent the prior written approval of Disclosing Party. AMCA shall destroy or return to the Disclosing Party any and all records, notes, and other written, printed, or tangible materials in its possession pertaining to Confidential Information immediately if Disclosing Party requests it in writing.

3. Programs. The parties acknowledge and agree that AMCA manages several programs on behalf of its member/affiliate companies that entail the disclosure of Confidential Information by companies to AMCA. These programs include (a) Assessments Calculation/Annual Report of Sales, (b) AMCA Certified Ratings Program, and (c) AMCA Lab Accreditation Program. AMCA shall be entitled under this Agreement to use Disclosing Party’s Confidential Information in connection with these programs if the Disclosing Party becomes engaged in those programs.

4. Nondisclosure of Confidential Information. AMCA agrees not to use Disclosing Party’s Confidential Information for any use other than in the furtherance of AMCA’s mission and in connection with the programs identified above. AMCA will not disclose the Disclosing Party’s Confidential Information to any third parties or to any AMCA employees other than employees identified in Section 2 above or the successors of such employees, who are required to have the information to fulfill their work responsibilities. AMCA agrees that it will take all reasonable measures to protect the secrecy of and avoid disclosure or use of Confidential Information to prevent it from falling into the public domain or the possession of persons other than

**NONDISCLOSURE AGREEMENT,** *Continued*

those persons authorized under this Agreement to have any such information. Such measures shall include, but not be limited to, the highest degree of care that AMCA utilizes to protect its own confidential information of a similar nature. AMCA agrees to promptly notify the Disclosing Party in writing of any misuse or misappropriation of Confidential Information which may come to AMCA’s attention.

5. Term. This Agreement shall remain in effect so long as Disclosing Party is engaged in discussions with AMCA pertaining to membership and/or while Disclosing Party is an AMCA member company. AMCA’s obligations of Confidentiality and Nondisclosure shall survive the termination of this Agreement.

6. Miscellaneous. This Agreement shall be binding upon the parties hereto, including any successors in interest. The failure to enforce any provision of this Agreement by AMCA or Disclosing Party shall not constitute a waiver of any term hereof by such party.

7. Governing Law. This Agreement shall be governed by and construed and enforced in accordance with the internal laws of the State of Illinois and shall be binding upon the parties to this Agreement in the United States and worldwide. The federal and state courts within the State of Illinois shall have exclusive jurisdiction to adjudicate any dispute arising out of this Agreement and the parties hereto consent to the personal jurisdiction of such courts.

IN WITNESS WHEREOF, this Nondisclosure Agreement is executed as of the date written below.

Company: Air Movement and Control Association International Inc. Date: [Select Date]

Name: Kevin Faltin Title: Executive Director

Signature: 

**DISCLOSING PARTY SIGNATURE:**

Company: [Enter Company Name] Date: [Select Date]

Name: [Enter Full Name] Title: [Enter Title] Email: [Enter E-mail]

Signature: 

[ ]  Check this box to indicate that your typed name above is acceptable as your signature.

**CODE OF ETHICS**

This Code of Ethics is subscribed to and enacted for the ethical practice of the Members/Certified Ratings Program (CRP) Affiliates of the Air Movement and Control Association International, Inc. to the end that the business of the industry may be conducted in a straightforward, fair, and equitable manner to benefit designers, architects, engineers, contractors, purchasers, and AMCA Members/CRP Affiliates alike.

The purposes of the Code of Ethics are to encourage the improvement of the quality of the products of the industry, the improvement of the business conduct of the Members/CRP Affiliates, and for the Members/CRP Affiliates to abide by self-imposed rules of good business conduct of mutual benefit to the public and to themselves.

To accomplish this, we as Members/CRP Affiliates of AMCA shall make every effort to ensure that:

1. All representations made to a purchaser or user through advertising, catalogs, or other media are factual and properly descriptive of the performance of the products so advertised and sold.
2. Any guarantees or warranties made in connection with such products are clearly presented and fair to the purchaser or user.
3. When it is necessary to substitute products for those designated, the seller will accurately represent its products and take steps to ensure that there is no confusion between the products specified and the products delivered.
4. Only those products which actually comply with established test specifications, standards, or codes, in all respects, can be identified or labeled as conforming thereto.
5. No efforts are made to knowingly induce or attempt to induce the breach of existing lawful contracts between competitors and their customers or their suppliers or defame competitors by falsely impugning their conduct, ability to perform contracts, credit standing, or quality and performance of products.
6. The hiring or offering of employment to employees of competitors is done in good faith and not for the purpose of injuring, destroying, or preventing competition.
7. Participation and cooperation engaged in with other Members/CRP Affiliates is for the good of the industry, that decisions are arrived at independently and not from any plan, common course of action, agreement, combination, or conspiracy to fix or maintain the pricing of products, allocation of markets, restriction of competition or otherwise to violate the antitrust laws of any government, except as allowed by law or government policy.
8. No representations made to a purchaser or user shall be obfuscated or hidden in order to conceal nonfactual or improper descriptions of the performance of products advertised or sold.
9. No efforts are made to infringe upon, misuse or misappropriate any patent, trademark, copyright, trade secret, or other commercially proprietary information belonging to any other Member or CRP Affiliate.

**SIGNATURE:**

Company: [Enter Company Name] Date: [Select Date]

Name: [Enter Full Name] Title: [Enter Title] Email: [Enter E-mail]

Signature: 

[ ]  Check this box to indicate that your typed name above is acceptable as your signature.