**FULL MEMBERSHIP APPLICATION**

**North America**

**Agreement to Conditions of Full Membership:** A full member is entitled to one vote on issues affecting the Air Movement and Control Association (AMCA) International Inc., as defined in the AMCA bylaws. Membership is connected to the manufacturing company location. Dues and assessments are paid based on the worldwide sales of the AMCA scope of products, certified and non-certified, for its company, refer to Annual Report of Sales, Section 1, page three.

**Manufacturing Company:** Membership is tied to the manufacturing location. Indicate complete 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]

[ ]  Published Directory Address [ ]  Primary Address [ ]  Billing Address [ ]  Shipping Address

**Company:** Indicate complete 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]

[ ]  Published Directory Address [ ]  Primary Address [ ]  Billing Address [ ]  Shipping Address

**Agreement:** We are engaged in the design, fabrication, assembly, and sale of devices within the product scope of one or more AMCA divisions as part of our regular product offerings. 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.

1. We hereby apply for full membership in the Air Movement and Control Association (AMCA) International Inc. and, 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.
2. We agree 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.
3. We agree to pay fees, dues, and assessments for the current fiscal year, prorated from the date of admission to membership. We further agree to AMCA dues, fees, and assessments, plus any local taxes, tariffs, and transmittal fees that may apply, are the sole responsibility of the member or company. We understand that an invoice will be sent after membership approval and upon full payment of the invoice, membership access will be active.
4. We further agree that 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. Resignations are only effective once the AMCA Board of Directors has accepted them.

**FULL MEMBERSHIP APPLICATION,** Continued

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

|  |  |  |
| --- | --- | --- |
| **New Member Application Fees – North America** | **$9,687.50 USD****Minimum** | **$84,750 USD****Maximum** |
| Application  | $2,000 | $2,000 |
| Commitment (based on Dun & Bradstreet report) \*  | $3,500 | $10,000 |
| Site Visit: In region $1,250, outside of region $2,500 | $1,250 | $2,500 |
| Dues (prorated remaining fiscal year) | $437.50 | $5,250 |
| Assessment 0.00109 x combined value of annual report of sales within AMCA scope | $2,500 | $65,000 |
| **Yearly Fees** | **$7,750** | **$70,250** |
| Full year dues | $5,250 | $5,250 |
| Assessment 0.00109 x the combined value of annual report of sales within AMCA scope | $2,500 | $65,000 |

\* A commitment fee can range from $3,500 to $12,000, depending on the Dun & Bradstreet financial risk evaluation. An unsatisfactory financial risk evaluation may increase to a $10,000 commitment fee. 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.

**Consent:**

[ ]  Consent to AMCA conducting a financial risk evaluation through Dun & Bradstreet.

[ ]  Consent to AMCA conducting an informal site visit at the manufacturing location.

**APPLICANT**

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.

**COMPANY INFORMATION**

**SECTION 1: Products Under AMCA’s Scope.** Per Article X, Section 2 of the AMCA bylaws, 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-handler[ ] VENTILATORS [ ]  Energy-recovery  [ ]  Heat-recovery  [ ]  Positive pressure  [ ]  Power roof  [ ]  Residential ceiling  | [ ]  Acoustical duct silencer[ ]  Airflow-measurement station[ ]  Dampers[ ]  Duct [ ]  Louver [ ]  Spiral gravity roof ventilator |

**SECTION 2: Product(s).** Attach PDF(s) of product specification sheets(s) or catalog(s) to the email with this completed documentation. The products above must be listed on the company website **before** the AMCA Board of Directors vote. Include product links below. If links are unavailable, indicate expected date of website update Select date.

Insert links

**SECTION 3: Certified Product Plan.** Indicate the company plan to certify AMCA scope of products, indicated in Section 1. 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]

**SECTION 4: 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. In the case of bath fans, kitchen fans, and range hoods, only commercial models and/or AMCA-certified residential models need to be reported. Do not report the entire value of the air handler, report only the fan, louver, or damper portion of the sale.

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

Revenue currency type (i.e., USD, CAD, etc.): [Enter Currency Type]

**COMPANY INFORMATION,** Continued

**SECTION 5: 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]

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

**SECTION 6: Respondent Company Information,** if different from the manufacturing company listed in application.

Responding Company Name: [Responding Company]

Address: [Enter Respondent Address] City: [Enter Respondent Address]

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

Country: [Enter Respondent Address] Phone: [Enter Phone]

**SECTION 7: Executive Contacts.**

President or Chief Executive Officer (CEO)

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

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

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]

**SECTION 8:** **Executive Contact Signature.** This form must be signed by the President, Chief Executive Officer (CEO) or Chief Financial Officer (CFO) of your company. AMCA certifies that the above information will be kept confidential and will not be disclosed to anyone without the expressed written permission of the reporting company.

**The information provided herein is attested to by the company President, CEO or CFO.**

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

Name: [Enter Full Name] Title: [Enter Title]

Signature:  Email: [Enter Email]

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

**VOTE REPRESENTATION**

**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]

May substitute voting representative CV in Microsoft Word format with email documentation in lieu of completing information below.

**Previous Experience**

Company Name: [Enter Company Name]

Dates of Employment: [Enter Dates of employment] Title: [Enter Title]

Key responsibilities: [Enter key responsibilities]

Company Name: [Enter Company Name]

Dates of Employment: [Enter Dates of Employment] Title: [Enter Title]

Key responsibilities: [Enter key responsibilities]

Company Name: [Enter Company Name]

Dates of Employment: [Enter Dates of Employment] Title: [Enter Company Name]

Key responsibilities: [Enter Company Name]

**Education**

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

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

**Certificates/Designations:** [Enter Certificates]

**Awards/Honors:** [Enter Awards]

**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]

**PERSONNEL CONTACTS**

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

**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 #

**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#.

**ADDITIONAL INFORMATION**

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

Does the company contractually sell or represent another manufacturers’ product? [ ]  Yes [ ]  No

If yes, 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]

Brief company history (one or two paragraphs)

Enter company history

How did you hear about AMCA?

Enter how you heard about AMCA

What attracted your company to join AMCA?

Enter what attracted you to AMCA

**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 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 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. AMCA’s **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. AMCA Member Programs. The parties acknowledge and agree that AMCA manages several programs on behalf of its member companies that entail the disclosure of Confidential Information by member companies to AMCA. These member 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 those persons authorized under this Agreement to have any such

**NONDISCLOSURE AGREEMENT,** Continued

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**

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.