

PROVIDER MEMBERSHIP APPLICATION

PROVIDER: (Annual Dues Based on Sales Volume)

The applicant represents that it is:

- An individual, partnership, corporation or a division, subsidiary or department of a company that is engaged in producing, distributing, fabricating, plating, extracting, melting, smelting, casting or forging copper and/or copper alloy products.
- Providers procure the majority of their raw materials from sources other than distribution.
- Has been in business for a minimum of 3 years and has been providing copper and/or copper alloy mill products for a minimum of 2 years.
- Has not violated antitrust laws of any applicable jurisdiction.

And meets **ONE** of the following criteria:

- Has had for the last 2 years, and must continue to have, an owned inventory of copper and/or copper alloy mill products in various sizes, shapes and alloys, and has a current inventory of copper and/or copper alloy mill products available for sale of at least 300,000 pounds.
- Has total annual sales of copper and alloy products of at least 1 million pounds.
- Derives business from the producing, distributing, fabricating, plating, extracting, melting, smelting, casting or forging of copper and/or alloy products.

Which Provider category describes your company?

- | | |
|---|---|
| <input type="checkbox"/> Distributor/Service Center | <input type="checkbox"/> Mine |
| <input type="checkbox"/> Fabricator | <input type="checkbox"/> Smelter |
| <input type="checkbox"/> Foundry | <input type="checkbox"/> Sand Caster |
| <input type="checkbox"/> Mill/Producer/Manufacturer | <input type="checkbox"/> Centrifugal Caster |
| <input type="checkbox"/> Plater | <input type="checkbox"/> Forger |
| <input type="checkbox"/> Scrap Dealer | |



COMPANY INFORMATION

The undersigned applies for membership and pledges that, if approved. I/we will be governed by its bylaws as now adopted or as they may be hereafter amended and all the rules in conformity therewith which do not conflict with the laws of the United States or the states in which I/we do business. (Please Print)

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE/PROV _____ POSTAL CODE _____

COUNTRY _____

PHONE _____ TOLL-FREE _____ FAX _____

E-MAIL _____ WEB _____

Key CBSCA contact person (voting member for the company):

NAME _____

TITLE _____

E-MAIL _____

2nd Key CBSCA contact person:

NAME _____

TITLE _____

E-MAIL _____

PROVIDER APPLICATION

Note: Sales and financial information will be treated in strictest confidence.

1. Please note how your company operates: **Corporation** **Partnership** **Individual**
2. Territory and/or markets you serve: _____
3. The year your business was organized: _____
4. Total annual copper and/or copper alloy sales (in pounds) last year: _____
5. Number of employees (including officers): **Total** _____ **Outside Sales** _____ **Inside Sales** _____
6. Are you affiliated with or owned wholly or partially by another firm or firms? **Yes** **No**
If yes, by whom? _____
7. What other trade or business associations do you belong to? _____
8. Has a company representative attended the CBSCA Annual Convention in the past 3 years? _____
9. How did you hear about CBSCA? _____
10. Why do you think it is beneficial for your company to be a CBSCA member?

11. Which criteria does your company meet (Only **one is required** for membership eligibility.):
 - Has had for the last 2 years, and must continue to have, an owned inventory of copper and/or copper alloy mill products in various sizes, shapes and alloys, and has a current inventory of copper and/or copper alloy mill products available for sale of at least 300,000 pounds.
 - Has total annual sales of copper and alloy products of at least 1 million pounds.
 - Derives its business from the producing, distributing, fabricating, plating, extracting, melting, smelting, casting or forging of copper and/or alloy products.



What is your annual sales volume of copper and/or copper alloy products for the past fiscal year?

Annual Sales Volume	Annual Dues	Category
<input type="checkbox"/> < \$3 million	\$2,419	A
<input type="checkbox"/> \$3 million – \$9.9 million	\$3,360	B
<input type="checkbox"/> \$10 million – \$19.9 million	\$4,304	C
<input type="checkbox"/> \$20 million – \$29.9 million	\$4,839	D
<input type="checkbox"/> \$30 million – \$39.9 million	\$5,106	E
<input type="checkbox"/> \$40 million – \$49.9 million	\$5,645	F
<input type="checkbox"/> > \$50 million	\$6,629	G

I hereby certify that I have carefully read and considered the foregoing questions and that the answers have been carefully prepared by us and I believe them to be true and complete. I further understand that processing of this application will be delayed if the accuracy of my answers becomes an issue, and I agree that substantial errors in the answers will be grounds for rejection of the application. I understand that CBSCA reserves the right to verify all provided information by, including, but not limited to, interviewing an appropriate representative from the company and/or contacting references.

Contact Name – Print	Contact Signature	Date
_____	_____	_____

PAYMENT INFORMATION

Total Amount Due: _____

Check enclosed (payable to CBSA in U.S. funds).

Charge to credit card: American Express Discover MasterCard Visa

Credit Card Number: _____ Exp. Date: _____ CVC: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Billing Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

*Please note, all payments are nonrefundable.

..... **FOR CBSCA USE ONLY**

Approved by the Board of Directors:

Date: _____ **Signed:** _____
 Executive Director