

PURPOSE OF NIBA

The mission of NIBA-The Belting Association is to promote the common business interests of all distributor/fabricators and manufacturers of conveyor and flat power transmission belting and material that enhances/changes belt.

Guiding Principals

- NIBA provides a forum for the exchange of information and new ideas among members in order that the belting needs of the market place can be served in the most effective and efficient manner.
- NIBA works to promote harmony between distributors/fabricators and their suppliers with the specific objective of increasing the flow of products through the distribution network that the distributor/fabricator members provide.
- NIBA provides further education of its membership in matters relating to the application, promotion and sales of flat belting as well as emphasizing sound business practices.
- NIBA maintains relationships with leading institutions of higher education, which offer courses of study in Industrial Distribution. NIBA utilizes these relationships to maintain a visibility of the development of industrial distribution technology and future trends in the distribution process.

NIBA-The Belting Association Board of Directors and Membership Committee take the task of member classification very seriously. Because our organization is comprised of multiple types of companies, it is very important that all questions on this application be answered as thoroughly and accurately as possible, so that your company is placed appropriately. Please read the requirements of our membership classes carefully (see next page), and select the option that best fits your company. We will then make an informed determination about your company's eligibility and membership type.

Please note: Information provided on the Fee Computation page will be kept confidential. It is not shared with the Membership Committee, nor the Board of Directors.

MEMBERSHIP APPLICATION

(Please Type or Print Neatly)

Corporate Name/Contact Information

Enter Company Name as it is to appear on your NIBA membership plaque. Later in this application you will be asked for individual person contact information and manufacturing facility location(s) if applicable.

Corporate Name:	
Address:	Corporate Phone:
City:	Toll-Free:
State/Province:	Main Fax:
Postal/Zip Code:	General/Corporate E-mail:
Country:	Web Site:

The above firm is (check one): Proprietorship Partnership Corporation

MEMBERSHIP APPLICATION

Continued

Date Company Founded: _____

Length of Time in Belting, Accessories, Services & Related Business: _____

Number of Employees _____

Number of Branches: _____

Description

Please provide a brief statement about the nature of your business. For example, what is your primary business focus, how do you market your company, and cite specific products/services that your company provides that relate to the belting industry:

Other Information

NIBA Member who influenced you to join (if applicable): _____

List other industry organizations of which you are a member

PTDA NAHAD IDA Other: _____

Membership Type

- DISTRIBUTOR FABRICATOR** applicants fill out pages 3-4, and pages 8-10
- MANUFACTURER (Belting or Component)** applicants fill out pages 5-6, and pages 8-10
- AFFILIATE** applicants fill out pages 7-10

Please return this completed application to the NIBA office ([all pages](#), including fee computation page) with any requested product literature, plus payment for your first year's membership dues and initiation fee using the contact information at the bottom of this page.

DISTRIBUTOR/FABRICATOR MEMBERSHIP APPLICATION

If applying as a Distributor/Fabricator member, please fill out pages 1-4, 8-10, and remember to sign page 9 before submitting your application

Membership Description

An organization may become a Distributor/Fabricator Member of NIBA if it is engaged in the distribution and/or fabrication of conveyor belt and flat power transmission belting and material that enhances/changes the belt, and must meet all additional membership requirements as approved from time to time by the Board of Directors. To qualify as a distributor/fabricator, person, partnership, firm, or corporation must:

1. Own a mechanical slitter and/or splicing equipment
2. Have significant stocking inventory and/or fabrication equipment,
3. Provide services and support to end users or other distributors.

Please describe each individual product that your firm stocks and distributes:

**Comprehensively detail all belting types and styles, for example: rubber, PVC, PU, plastic modular, power-transmission (nylon core, polyester, aramid, etc.), steel, Monolithic (supported and unsupported), Monofilament, etc., and indicate whether they are flat, round, trapezoidal or other.*

A. Belting

Light Weight: (list all*): _____

Heavy Weight: (list all*): _____

Other: (list any*): _____

B. Belting Components & Accessories:

- | | | |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Fasteners | <input type="checkbox"/> Troughing Idlers | <input type="checkbox"/> Buckets |
| <input type="checkbox"/> Pulleys | <input type="checkbox"/> Skirting | <input type="checkbox"/> Take-ups |
| <input type="checkbox"/> Lagging | <input type="checkbox"/> Drives | <input type="checkbox"/> Other: _____ |

C. Slitting/Splicing/Fabricating Equipment:

- | | |
|---|---|
| <input type="checkbox"/> Mechanical Slitter | <input type="checkbox"/> Vulcanizer (Heavy Weight & Light Weight) |
| <input type="checkbox"/> Lacing Equipment | <input type="checkbox"/> Cleating/V-guide Machinery |
| <input type="checkbox"/> High Frequency Presses | <input type="checkbox"/> Other: _____ |

D. Estimated Value/Percentage of Business for Inventory

\$ _____ / _____%

E. Estimated Value/Percentage of Business for Accessories/Equipment

\$ _____ / _____%

DISTRIBUTOR/FABRICATOR MEMBERSHIP APPLICATION

Continued

F. What services do you provide?

- | | | |
|---|-------------------------------|--------------------------------|
| <input type="checkbox"/> Slitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Vulcanizing/Fabrication and Installation | <input type="checkbox"/> Shop | <input type="checkbox"/> Field |
| <input type="checkbox"/> Installation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Manufacturing Company References (Two Required):

Other companies we can contact for information regarding your company?

Company:	Company:
Contact Name:	Contact Name:
Phone:	Phone:
E-mail:	E-mail:

Remember to continue on page 8 to provide individual contact information and sign the application.

MANUFACTURER MEMBERSHIP APPLICATION

If applying as a Manufacturer member, please fill out pages 1-2, 5-6, 8-10, and remember to sign page 9 before submitting your application.

Please include product literature with your application.

Membership Description *(select one)*

MANUFACTURER – Belting

An organization may become a Belting Manufacturer Member of NIBA if a substantial portion of its business activity is the manufacture of conveyor and flat power transmission belting for sale primarily to distributor/fabricators and it meets all additional membership eligibility requirements as approved from time to time by the Board of Directors.

MANUFACTURER – Components

An organization may become a Component Manufacturer Member of NIBA if it is engaged in the manufacture of material, parts, machinery, or equipment that enhances/changes belt, for sale primarily to distributor/fabricators and meets all additional eligibility requirements as approved from time to time by the Board of Directors.

If your company operates under any other name than what’s listed on the first page of this application, please describe your company structure in detail:

Distributor/Fabricator Company References (Two Required):

Other companies we can contact for information regarding your company?

Company:	Company:
Contact Name:	Contact Name:
Phone:	Phone:
E-mail:	E-mail:

MANUFACTURER MEMBERSHIP APPLICATION

Continued

Manufacturing Locations

Provide location of primary physical manufacturing facility/factory:

Address:	
City:	Number of employees at this location:
State/Province:	
Postal/Zip Code:	Primary products manufactured at this location:
Country:	

Provide locations of any additional manufacturing facilities/factories:

Address:	Address:
City:	City:
State/Province:	State/Province:
Postal/Zip Code:	Postal/Zip Code:
Country:	Country:
Number of employees at this location:	Number of employees at this location:
Primary products manufactured at this location:	Primary products manufactured at this location:

Please attach additional sheets as necessary.

Remember to continue on page 8 to provide individual contact information and sign the application.

AFFILIATE MEMBERSHIP APPLICATION

If applying as an Affiliate member, please fill out pages 1-2, 7-10 and remember to sign page 9 before submitting your application.

Please include product literature with your application.

Membership Description

Any organization may become an Affiliate Member of NIBA if its products or services are directly related to the interests of the other classes of membership, its relationship to the other members is deemed beneficial by the Board of Directors, and it meets all additional eligibility requirements as approved from time to time by the Board of Directors. Organizations that stock belting, or are manufacturer’s representatives or sales agents are not eligible for affiliate membership. Affiliate members shall not have the right to vote, hold office, or serve on the Board of Directors of NIBA. However, they may serve on committees at the discretion of the Board of Directors.

Describe how you feel your company relates to the belting industry in detail:

Trade References (Two Required):

Other companies we can contact for information regarding your company?

Company:	Company:
Contact Name:	Contact Name:
Phone:	Phone:
E-mail:	E-mail:

Remember to continue on page 8 to provide individual contact information and sign the application.



BRANCH CONTACT INFORMATION

Each location that you would like listed in the membership directory that differs from the information on the first page is \$90 additional per year.

Location name to be listed:	Location name to be listed:
Address:	Address:
City:	City:
State/Province:	State/Province:
Postal/Zip Code:	Postal/Zip Code:
Country:	Country:

Please attach additional sheets as necessary.

INDIVIDUAL CONTACT INFORMATION

Membership includes the membership directory listing for two (2) executives.

Please identify both individuals below, plus provide information for any other executives you would like included (additional fee applies for each listing above the two included).

MAIN REPRESENTATIVE (DELEGATE):

If not at location listed on first page of this application, provide mailing information below:

Name:	Address:
Title/Position:	City:
Direct Phone:	State/Province:
Extension (if applicable):	Postal/Zip Code:
E-mail:	Country:

ALTERNATE REPRESENTATIVE:

If not at location listed on first page of this application, provide mailing information below:

Name:	Address:
Title/Position:	City:
Direct Phone:	State/Province:
Extension (if applicable):	Postal/Zip Code:
E-mail:	Country:

ADDITIONAL CONTACT INFORMATION

Each person other than the Delegate and Alternate listed on page 8 may be included in the membership directory for \$40 additional per year.

ADDITIONAL REPRESENTATIVE(S):

If not at location listed on first page of this application, provide mailing information below:

Name:	Address:
Title/Position:	City:
Direct Phone:	State/Province:
Extension (if applicable):	Postal/Zip Code:
E-mail:	Country:

Name:	Address:
Title/Position:	City:
Direct Phone:	State/Province:
Extension (if applicable):	Postal/Zip Code:
E-mail:	Country:

Please attach additional sheets as necessary.

SIGNATURE REQUIRED FOR ALL APPLICANTS

I have carefully reviewed the Membership Eligibility Requirements approved by the Board of Directors for the Classification of Membership for which I am applying, and hereby certify that my company meets all these requirements without exception.

Upon acceptance of this application, our company agrees to abide by the bylaws and other regulations of NIBA. We understand that our membership will continue on an annual basis until a written resignation has been tendered and duly accepted.

Print Name:	Signature:
Title/Position <i>(must be signed by officer of corporation)</i>	Date:

Please return this completed application to the NIBA office (all pages, including fee computation page) with any requested product literature, plus payment for your first year’s membership dues and initiation fee using the contact information at the bottom of this page.

Membership Fee Computation

Confidential Data This Membership Fee Computation is a form seen only by NIBA staff. It is kept separate from the membership application form and will not be sent to the Membership Committee, nor the Board of Directors who approve all member applications.

Corporation Name: _____

The gross sales of your operation should include all sales related to or involved in any operations devoted to Belting and Belting related products, operations, or services. These gross sales should include all such sales whether or not the location will appear in the NIBA membership directory.

Please compute your membership fees based on the following formula:

- | | |
|--|---|
| <input type="checkbox"/> Sales under \$2 Million \$600 | <input type="checkbox"/> Sales from \$15 - 24.9 Million \$940 |
| <input type="checkbox"/> Sales from \$2 - 4.9 Million \$725 | <input type="checkbox"/> Sales from \$25 - 49.9 Million \$990 |
| <input type="checkbox"/> Sales from \$5 - 9.9 Million \$775 | <input type="checkbox"/> Sales from \$50 - 74.9 Million ... \$1,090 |
| <input type="checkbox"/> Sales from \$10 - 14.9 Million \$825 | <input type="checkbox"/> Sales from \$50 Million + \$1,190 |

Enter Base Dues = \$ _____

Additional Locations

Enter information on page 8 **\$90 each X _____ = \$ _____**

Additional Executives

Enter information on page 9 **\$40 each X _____ = \$ _____**

Initiation Fee

This fee applies to all applicants, regardless of classification type **\$ 75 USD**

International Postage Fee

This fee applies to applicants based outside North America **\$60 if applicable = \$ _____**

TOTAL DUES ENCLOSED

Add lines from above and enter total amount of annual dues **\$ _____**

All fees are USD, and checks must be drawn on a US Bank. Payment by check or credit card is preferred over wire transfer whenever possible. Dues, Fees and Contributions to NIBA are tax deductible as a business expense. Please consult your tax advisor.

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**Checks should be made payable to NIBA-The Belting Association in USD,
or credit card payment information can be provided below:**

Card Number:	Signature:	
Cardholder Name:	Expiration Date:	Security Code: