

AFFILIATE MEMBERSHIP APPLICATION

Affiliate: (Flat Fee)

The applicant represents that it:

- is an individual, partnership, corporation, association or division, subsidiary or department of a company, engaged in the manufacturing, distribution or the providing of affiliated products or services that are directly related to, or in direct support of, the manufacturing, storage, fabrication or distribution of copper and copper alloy mill products.
- adds value to the copper and brass supply chain, subscribe to the CBSCA's Code of Ethics and conduct their business activities to not be detrimental to the welfare and/or interests of the Association.

Affiliated members shall have no vote on matters presented to the membership, neither will they qualify as officers or directors of the Association.

Which Affiliated category describes your company?

- Financial (includes insurance)
- Equipment
- Logistics
- Other



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:

NAME _____

TITLE _____

E-MAIL _____

2nd Key CBSCA contact person:

NAME _____

TITLE _____

E-MAIL _____



AFFILIATE APPLICATION

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

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

10. Please describe your company and how it can serve CBSCA members:



FLAT FEE

One time Application Fee \$500
Affiliate membership Fee \$2,695 *

***\$1,695 allowed to be used as a credit to attend 2025 annual convention as a member or towards CBSCA advertising/sponsorship opportunities (will include a promo table at convention).**

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