



## **APPLICATION FOR ASSOCIATE MEMBERSHIP**

**Please accept this as our formal application for Associate Membership in the Sorptive Minerals Institute (SMI). If approved, we agree to abide by the articles set forth in the bylaws of the association.**

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**President:** \_\_\_\_\_

**SMI Representative:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### **Products Manufactured and/or Distributed, Services Provided (Please Check):**

|                     |                           |
|---------------------|---------------------------|
| Paper Bags: _____   | Cardboard Products: _____ |
| Plastic Jugs: _____ | Packaging Supplies: _____ |
| Equipment: _____    | Construction: _____       |
| Fragrances: _____   | Engineering: _____        |
| Additives: _____    | Transportation: _____     |
| Other: _____        |                           |

**Signature and Title of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_