

National Association of Trailer Manufacturers

Regular Membership Application

I hereby apply for membership in the National Association of Trailer Manufacturers. My primary business is noted in the category/categories below. I have enclosed my check or credit card payment for annual dues. I agree to subscribe to NATM's **Guidelines for Recommended Minimum Manufacturing Practices for Light- and Medium-Duty Trailers**, and to accept and abide by the Bylaws of the Association (available by e-mail or at www.natm.com). Participation in the compliance verification program is a requirement of regular membership.

COMPANY INFORMATION

Company _____

Parent Company (Branch Member Applicants only) _____

Designated Company Contact _____

† Mailing Address _____

City _____ State _____ Zip _____ Country _____

Street Address (if different from above) _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

E-mail Address _____ Website _____

Date Business Established _____

*Number of Employees _____ *Number of Trailers Manufactured Last Model Year _____

(† This address to be used for NATM correspondence.)

*To promote our industry, on occasion NATM will be relied upon to provide industry information to help our legislative efforts. This information is confidential and will be used solely as part of an aggregate number.)

Referred by _____

Applicant's Signature _____ Date _____

OTHER CONTACT INFORMATION

NATM will periodically send out information that may need to be distributed to persons other than the main contact. Please complete this section of the application. If a position in your company is not applicable, please note "N/A."

Purchasing Agent

Name _____ Phone _____ E-mail _____

President/CEO

Name _____ Phone _____ E-mail _____

Compliance Program Designee

Name _____ Phone _____ E-mail _____

National Sales/Dealer Network Manager

Name _____ Phone _____ E-mail _____

Engineering

Name _____ Phone _____ E-mail _____

Production Manager

Name _____ Phone _____ E-mail _____

Early Warning Reporting Contact

Name _____ Phone _____ E-mail _____

Accounting

Name _____ Phone _____ E-mail _____

Insurance

Name _____ Phone _____ E-mail _____

FOR OFFICE USE ONLY

WMI _____ ZONE _____ DIST _____

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- Regular Member (annual dues \$840)**
Companies whose primary business is manufacturing light- and medium-duty trailers.
- Branch Member (annual dues \$240)**
Additional division/location of a Regular Member.

OTHER INFORMATION

Are you willing to serve on NATM Committees? Yes No

Are you currently manufacturing trailers? Yes No

If not, when do you intend to begin manufacturing trailers? _____

I primarily manufacture: (Please check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Agricultural/Farm | <input type="checkbox"/> Dump | <input type="checkbox"/> Pole/Pipe/Cable/Reel |
| <input type="checkbox"/> Auto Hauler | <input type="checkbox"/> Equipment | <input type="checkbox"/> Portable Equipment |
| <input type="checkbox"/> Boat | <input type="checkbox"/> Horse | <input type="checkbox"/> RV/Towable |
| <input type="checkbox"/> Cargo | <input type="checkbox"/> Landscape | <input type="checkbox"/> Snowmobile/ATV |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Livestock | <input type="checkbox"/> Tow Dolly |
| <input type="checkbox"/> Custom Design | <input type="checkbox"/> Living Quarters | <input type="checkbox"/> Utility/Flatbed |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Other _____ |

OTHER PAPERWORK REQUESTED

The NATM Membership Committee requests that all Regular (trailer manufacturing) member applicants submit their World Manufacturer Identification (WMI) number with their application. If you have questions or need more information, contact Allison Malmstrom, Member Services Director, (785) 272-4433, or by e-mail Allison.Malmstrom@natm.com.

DUES/PAYMENT INFORMATION

NATM Membership dues run on a calendar year, January 1 to December 31. Payment of full membership dues should accompany this application. If you join NATM after January, a portion of your membership dues will be applied to the following year's dues. Membership renewal statements are sent out each December.

Check Enclosed \$ _____

Credit Card American Express/MasterCard/Visa (please circle one)

Credit Card Number _____

Expiration Date _____ Security Code _____

Cardholder Name _____

Cardholder Signature _____

A copy of your paid dues statement will be included in your New Member Welcome Packet.

National Association of Trailer Manufacturers
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Topeka, KS 66612-1817
(785) 272-4433 Fax (785) 272-4455

