

PURPOSES OF NIBA

The purpose of NIBA shall be to further the interests of all distributor/fabricators and manufacturers of conveyor and flat power transmission belting and material that enhances/changes belt. NIBA shall:

- ♦ Promote the use of belting through the Distribution process
- ♦ Represent and promote the belting industry
- ♦ Increase the members' level of business and technical expertise
- ♦ Provide a forum for the mutual, profitable exchange of ideas

The NIBA Board of Directors and the Membership Committee take the task of member classification very seriously. Because our organization is comprised of both manufacturers and distributors alike, 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 four 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.

MEMBERSHIP APPLICATION

(Please Type)

Company/Parent Company *(Print or type Company Name as you wish it to appear on your NIBA membership plaque)*

Address: _____

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

Tel Number _____ 800 Number _____ Fax
Number _____

**Web Site
Address** _____

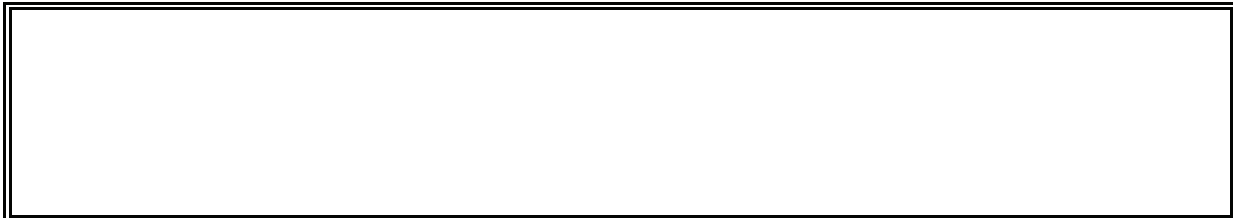
Trade/Member References (are there other companies we could contact for information regarding your company?)

Company
Name: _____ Phone: _____

Contact
Name: _____

NIBA Member who influenced you to
join _____

Please provide a brief statement about the nature of your business. For example, what is your primary business focus, and how do you market your company:



MEMBERSHIP REQUIREMENTS

Please select one option below:

We hereby apply for Membership in NIBA-The Belting Association. We agree, upon acceptance of this application, to abide by the by-laws and other regulations of NIBA. We understand that our membership will continue on a year-to-year basis until a written resignation has been tendered and duly accepted. We apply for the following membership classification: *(See Membership Requirements-Below)*

1. DISTRIBUTOR/FABRICATOR **

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.

Acceptable Fabrication Equipment:

Vulcanizing Equipment (Total Investment of \$ _____)

Mechanical Belt Slitter (Total Investment of \$ _____)

Other Splicing Equipment: _____ (please explain)

**** DISTRIBUTOR/FABRICATOR MEMBERS MUST FILL OUT ADDITIONAL INFORMATION, ON PG. 3**

2. MANUFACTURER – Belting (include product literature with application)

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 MEMBERS MUST FILL OUT ADDITIONAL INFORMATION, ON PG. 4**

3. MANUFACTURER – Components (include product literature with application)

An organization may become a Component Manufacturer Member of NIBA if it is engaged in the manufacture of material, parts, machinery, or equipment that comes in 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.

**** MANUFACTURER MEMBERS MUST FILL OUT ADDITIONAL INFORMATION, ON PG. 4**

4. AFFILIATE (include product literature with application)

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.

MEMBERSHIP REQUIREMENTS (Continued)

DISTRIBUTOR/FABRICATOR, MANUFACTURER and AFFILIATE Applicants
(Please Complete)

List specific products/services that your company provides that relates to the belting industry for those eligible to join **NIBA**:

List other industry organizations of which you are a member:

PTDA NAHAD IDA Other _____

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***IF YOU CHECKED "DISTRIBUTOR/FABRICATOR", PLEASE FILL OUT THE ADDITIONAL REQUIRED INFORMATION BELOW:*

Additional Information from DISTRIBUTOR/FABRICATOR Applicants
(Please Complete)

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

A. Rubber Belting:

Light Weight Rubber
Heavy Weight Rubber
Other _____

B. PVC Belting:

Light Weight PVC
Heavy Weight PVC
Other _____

C. Monofilament Belting:

PVC
Urethane
Other _____

D. Belting Components & Accessories:

Fasteners	Troughing Idlers	Buckets
Pulleys	Skirting	Take-ups
Lagging	Drives	

E. Slitting/Splicing/Fabricating Equipment:

Mechanical Slitter	Vulcanizer	Lacing Equipment
Cleating/V-guide Machinery	Other _____	

F. Estimated Value of Belting Inventory and/or Splicing Equipment: \$ _____

What services do you provide?

A. Slitting Yes No
 B. Vulcanizing/Fabrication and Installation: Shop Field

C. Installation

Yes

No

MEMBERSHIP REQUIREMENTS (Continued)

****IF YOU CHECKED "MANUFACTURER-BELTING" OR "MANUFACTURER-COMPONENTS", PLEASE FILL OUT THE ADDITIONAL REQUIRED INFORMATION BELOW:**

Additional Information from MANUFACTURER (Belting or Component) Applicants
(Please Complete)

Parent Company Name (if applicable): _____

Address of Parent Company _____

City _____

State/Province _____

Country _____ Postal

Code _____

Physical Address of Manufacturing Facility/Factory:

City _____ State/Province _____

Country _____ Postal Code _____

Primary Products Manufactured at above location:

Number of Employees at above location: _____

Additional manufacturing locations may be listed on a separate sheet of paper.

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.

Signed: _____
_____ (Must be signed by Officer of Corporation) Title

Date: _____

Membership fees are computed from the fee schedule included with this application. Please return

this application, the fee computation, and remittance by mail or fax to the above address.

INFORMATION FOR MEMBER DIRECTORY
(Please Type)

Each member is eligible to list **two (2)** executives in the NIBA member directory. Please provide the following:

MAINACTIVITY REPRESENTATIVE:

_____ Name

_____ Title/e-mail address

ALTERNATE ACTIVITY REPRESENTATIVE:

_____ Name

_____ Title/e-mail address

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

_____ Parent Company

_____ Home Office and Address

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

Number of Employees: _____ Number and Location of Branches: _____

Additional Executives

NOTE: Each name listed beyond the two (2) above is \$40 additional per year.

1 _____ 2 _____

_____ Name and Title

_____ Name and Title

Additional Branches and/or Service Centers

NOTE: Each branch/service center listed is \$90 additional per year.

_____ Name of Branch/Service Center

Address

City

State

Zip Code

Telephone

800 Number

Fax Number

e-mail

1

2.

Name and Title

Name and Title

If you want to list additional branches/service centers, please use another sheet of paper.



NIBA-THE BELTING ASSOCIATION

6737 W. Washington St. ♦ Suite 1300 ♦ Milwaukee, WI 53214 ♦ Phone 414-389-8606 ♦ Fax 414-276-7704

Membership Fee Computation for 2009
(Confidential Data)

Company Name _____

- DISTRIBUTOR/FABRICATOR MANUFACTURER - BELTING
AFFILIATE MANUFACTURER - COMPONENTS

Table with 4 columns: Description, Sales Range, Per Year Fee, and Currency. Rows include membership fee formulas, sales brackets (under \$5M to \$50M+), branch locations, executives, initiation fee, international postage, and total enclosed.

Make Check payable to NIBA-The Belting Association

American Express/MasterCard/Visa# _____ Exp. Date _____

Signature _____
Dues, Fees and Contributions to NIBA are tax deductible as a business expense. Please consult your tax advisor.

This Membership Fee Computation is a form seen only by NIBA Headquarters staff. It is kept separate from the membership application form and will not be sent to the Board of Directors who approve all member applications.

None of this confidential data will be seen by any member of NIBA including the Board of Directors.

Please return this form at the same time you return the completed membership application along with remittance for your first year's membership and initiation fee. Mail or fax to the above address.