



ASSOCIATE MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name:		
Address:		City:
State/Prov:	Country:	Zip/Postal Code:
Website:	Phone:	Fax:
Sponsor/Referral (Please list name and company if an ESCSI member referred you to join):		

PRIMARY CONTACT INFORMATION

Please note that the primary contact will receive all dues and renewal invoices, and will be the main point of contact with ESCSI.

Primary Contact Name:	Title:
Email:	Direct Phone:
2 nd Contact Name:	Title:
Email:	Direct Phone:

MEMBERSHIP CATEGORIES

<p>Associate Annual Dues (Please check one box below):</p> <p><input type="checkbox"/> \$0 to \$250,000\$500 <input type="checkbox"/> Industry Associations\$500</p> <p><input type="checkbox"/> \$250,001 to \$500,000 \$750 <input type="checkbox"/> Individuals\$100</p> <p><input type="checkbox"/> \$500,001 to \$1,000,000\$1,000 <input type="checkbox"/> Honorary Member\$0</p> <p><input type="checkbox"/> \$1,000,001 to \$2,000,000\$2,000</p> <p><input type="checkbox"/> Over \$2,000,000.....Additional \$500/Million</p> <p>Dues for the first 5 categories on the left are calculated by the last fiscal year actual gross sales to the expanded shale, clay & slate industry in U.S. dollars.</p>	<p>Associate Member Description: Associate membership shall be open to companies, individuals or organizations that promote or support services to the expanded shale, clay or slate members. Industry associations that support ESCS and whose members include ESCS manufacturers, distributors and suppliers may join as Associate members. Companies or associations that produce or promote alternative products for uses similar to uses of expanded shale, clay or slate are not eligible for Associate membership. Individuals who promote or support ESCS may join as Associate members. Associate members will not be eligible for voting privileges nor attendance to Board of Directors meetings unless invited, but will be encouraged to attend and participate in the Annual Technical and Process Technology meetings. The Board of Directors shall establish dues for Associate membership on a fair and equitable basis.</p>
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PAYMENT INFORMATION

Dues are payable in U.S. dollars. Please note that full payment must be submitted before the application can be processed.

Amount Enclosed: _____ Check or Money Order (made payable to ESCSI) Bank Transfer (transfer information sent separately)

SIGNATURE

I hereby warrant that I am an authorized representative of the above-named applicant and that as such I am authorized to execute this document on the applicant's behalf. In that capacity, I acknowledge and agree that by signing this application for ESCSI membership on behalf of the applicant, the applicant shall at all times remain liable for its annual ESCSI membership dues assessed and due through the fiscal year ending August 31st. In consideration of ESCSI accepting this application for membership, the above-named applicant warrants that it shall abide by the terms and conditions of ESCSI's Bylaws as they are currently written or as they may be amended in the future.

By signing this application, the applicant further agrees that in the event the applicant becomes an ESCSI member and is subsequently terminated or suspended from membership, dissolved, liquidated, or is acquired by or merged with another entity that is not an ESCSI member, the applicant shall be and remain liable to ESCSI for any outstanding debts or obligations to ESCSI, including, but not limited to, any unpaid membership dues and past member assessments. In the event the applicant becomes an ESCSI member and is subsequently acquired by or merged with another ESCSI member, the applicant shall remain liable for membership dues assessed and due through the fiscal year ending August 31st.

Signature of Applicant:	Date:
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Return this application with payment (in U.S. dollars) to: ESCSI, 35 E. Wacker Dr., Suite 850, Chicago, IL 60601

Fax: (312) 644-8557 Ph: (801) 272-7070 Email: info@escsi.org Web: www.escsi.org