

# CONFIDENTIAL MEMBERSHIP APPLICATION



www.safetyequipment.org

## ABOUT YOUR COMPANY

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ URL http:// \_\_\_\_\_

We manufacture the following safety equipment: \_\_\_\_\_

Annual sales of safety equipment:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> under \$1 million   | <input type="checkbox"/> \$10 - \$20 million | <input type="checkbox"/> \$80 - \$120 million  | <input type="checkbox"/> \$320 - \$400 million |
| <input type="checkbox"/> \$1 - \$2.5 million | <input type="checkbox"/> \$20 - \$40 million | <input type="checkbox"/> \$120 - \$160 million | <input type="checkbox"/> over \$400 million    |
| <input type="checkbox"/> \$2.5 - \$5 million | <input type="checkbox"/> \$40 - \$60 million | <input type="checkbox"/> \$160 - \$240 million |  |
| <input type="checkbox"/> \$5 - \$10 million  | <input type="checkbox"/> \$60 - \$80 million | <input type="checkbox"/> \$240 - \$320 million |  |

*See reverse for definitions*

## ABOUT YOURSELF

Name \_\_\_\_\_ Title \_\_\_\_\_

Our principal representative will be:

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Our alternate representative will be:

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## APPLICATION

We apply for membership in the International Safety Equipment Association. If accepted, we will abide by its bylaws and policies, support its objectives, and pay established dues and fees.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

See reverse side for additional information

## ISEA MISSION

*The mission of the ISEA is to support its members in manufacturing and marketing the highest quality safety and health products.*

*The association provides the forum through which its members can work to:*

- *promote the standardization of safety equipment,*
- *represent the industry's interests before government bodies, and interpret government actions to the industry,*
- *collect and disseminate information about the industry,*
- *maintain links to other organizations in the safety industry worldwide,*
- *promote the proper use of personal protective equipment as essential to worker safety and health.*

## PRODUCT GROUPS

Each company manufacturing a product under one of the ISEA Product Groups must name a representative, and may name an alternate, to each group for which it is eligible. Fill in all that apply.

	Principal	Alternate
<input type="checkbox"/> Clean Room	_____	_____
<input type="checkbox"/> Emergency Eyewash & Shower	_____	_____
<input type="checkbox"/> Ergonomics	_____	_____
<input type="checkbox"/> Eye & Face Protection	_____	_____
<input type="checkbox"/> Fall Protection	_____	_____
<input type="checkbox"/> First Aid	_____	_____
<input type="checkbox"/> Hand Protection	_____	_____
<input type="checkbox"/> Head Protection	_____	_____
<input type="checkbox"/> Hearing Protection	_____	_____
<input type="checkbox"/> High Visibility Products	_____	_____
<input type="checkbox"/> Industrial Warning Device	_____	_____
<input type="checkbox"/> Instrument	_____	_____
<input type="checkbox"/> Protective Apparel	_____	_____
<input type="checkbox"/> Respiratory Protective Escape Device	_____	_____
<input type="checkbox"/> Respiratory Protection	_____	_____

## DUES AND FEES

ISEA dues are based on your sales. Report sales of all personal safety equipment. Include sales to end users, government agencies, distributors and to other manufacturers. Do not include sales made as a distributor of products manufactured by another company, and sold under the original manufacturer's label or brand name. Include products sold in North America, regardless of where they are manufactured, and products manufactured by you in North America, regardless of where they are sold. Do not include products manufactured by you outside of North America AND sold outside of North America.

ISEA members are billed a separate fee for each Product Group for which they are eligible. These fees are based on the activity level of the Product Group.

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To apply, complete both sides of this form and return it to:

ISEA  
1901 N. Moore Street  
Arlington, VA 22209

For more information, call ISEA at 703-525-1695, or e-mail [isea@safetyequipment.org](mailto:isea@safetyequipment.org).