

## IC2 Supporting Member Application Form

Complete and sign the following IC2 Supporting Member Application Form and submit along with a signed Memorandum of Agreement (MOA). For more information regarding IC2 Supporting Membership, visit [http://theic2.org/supporting\\_members](http://theic2.org/supporting_members).

### A. Applicant Information

*Applicant Type (Choose One):*

- Academic
- Business (Must complete Section D)
- Trade Association (Must complete Section C)
- Law Firm/Consulting Firm
- Non-governmental Organization (NGO)
- Individual
- Other: \_\_\_\_

\_\_\_\_\_  
*Organization/Program/Company Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State/Province*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Web Address*

### B. Representative/s – Designate Supporting Member representative/s.

\_\_\_\_\_  
*Representative*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Alternate*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Telephone*

**C. Trade Association Information** – Include an appendix listing the companies represented by the trade association.

Combined total annual sales of the companies listed in the appendix:

\$

**D. Industry Sales Information** – Most recent fiscal year sales figures.

- Less than \$10 million
- \$10 million - \$20 million
- \$20 million - \$100 million
- \$100 million - \$500 million
- \$500 million - \$2 billion
- \$2 billion - \$5 billion
- \$5 billion - \$10 billion
- Greater than \$10 billion

**E. Purpose of Membership** – In a few sentences, describe your or your organization's purpose in applying to be a Supporting Member of the IC2, including how you hope to benefit and what you have to offer that will enhance the work of the Clearinghouse or the quality of its deliberations.

**F. Disclosure of Potential Financial Conflicts of Interest** – Include an appendix explaining any potential financial conflicts of interest between the applicant and the IC2. Otherwise, use the check box to certify that there are no financial conflicts of interest.

: I certify that there are no financial conflicts of interest between the applicant and the mission, goals, and activities of the IC2.

**G. Certification** – This Section should be signed by a senior official.

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*Print or Type Name*

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*Date*

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*Signature*

Print, sign, and mail the application form to:

Interstate Chemicals Clearinghouse  
NEWMOA  
129 Portland Street, Suite 602  
Boston, MA 02114-2014

Or email a PDF version (with e-signature) to:  
tbuck [at] newmoa [dot] org

**Payment of IC2 dues is not required as part of the application process.  
Invoices will be sent after the application has been processed.**

If you have any questions, contact Topher Buck: 617-367-8558 x309 or tbuck [at] newmoa [dot] org.

**Please save a copy of this form for your records.**