



# 2010 Membership Application

## Application for Membership

The membership rates listed below are effective through November 30, 2010

### Contact Information

Company \_\_\_\_\_

Principal Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Membership Classifications

**Full Members** - \$1,750

Companies that qualify for this level of membership include Spill contractors, emergency environmental response services, site remediation, risk assessment, contingency planning, environmental investigation, transportation related firms, Consultants, Qualified Individuals (QIs), Spill Management Teams (SMTs) and Manufacturers and Distributors of industry related products. This level of membership enjoys full voting rights and may elect representatives to serve on the SCAA board.

**Associate Members** - \$750

Companies or individuals that qualify for this level of membership include Firms or individuals that have an interest in supporting SCAA as a trade organization, but do not qualify as a full member as outlined above. This level of membership entitles the member to all benefits and privileges of the Association and limited voting rights in the association, but Associate member representatives may not serve on the SCAA board.

**Government/Educational** - \$250

This level of membership is reserved for individuals working in related government agencies or educational institutions. Related university departments are also eligible for this type of membership. This level of membership does not have voting rights nor may representatives serve on the SCAA board.

### Eligibility Certification

Has the applicant company, or its Principal(s), been convicted of a crime related to the industry in which they do business?  Yes  No

By signing the oath below, I, as the Principal Contact for the applicant, do hereby certify that all statements made by me in this Application are true and correct to the best of my knowledge, information and belief.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Information

- Check enclosed (made payable to SCAA)  
 Please charge my  VISA  Master Card  American Express

Card no. \_\_\_\_\_

Billing address \_\_\_\_\_

Signature \_\_\_\_\_

Your dues are deductible as an ordinary and necessary business expense and are not deductible as a charitable contribution. Please note membership categories and costs are determined by the SCAA Board of Directors and may be reviewed at the Board's discretion.

***All applications must be approved by the SCAA Board of Directors***

Return to: SPILL CONTROL ASSOCIATION OF AMERICA

2105 Laurel Bush Rd., Ste. 200 • Bel Air, MD 21015 • phone 443-640-1085 • fax 443-640-1086 • [www.scaa-spill.org](http://www.scaa-spill.org)