



CHEMICAL INDUSTRY COUNCIL OF CALIFORNIA

APPLICATION FOR MEMBERSHIP

The undersigned hereby makes application for membership to the Chemical Industry Council of California.

1. Organization Name: _____

Address: _____

Website Address: <http://www.>_____

Chemical Business: Manufacturer ___ Distributor ___ User/Applicator/Formulator ___ Other ___

2. Nature of business, including location (s) of primary California facilities & approx # personnel _____

3. Name of Parent Corporation (if different from above): _____

4. Name of Principals (if privately held): _____

Address: _____

5. If elected to membership, I (we) hereby accept and agree to be bound by the Bylaws of the Chemical Industry Council of California, as now in effect or hereafter amended, and hereby designate, as CICC's "Executive Contact" for all invoice and administrative matters,

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Please attach Membership Dues Worksheet and e-mail, fax or mail to:

CHEMICAL INDUSTRY COUNCIL OF CALIFORNIA
P.O. BOX 2260, FOLSOM, CA 95763-2260

916.989.9692 Fax 916.989.9694 Info@cicc.org

Thank You!

APPLICATION FOR CICC MEMBERSHIP

(Continued)

6. Technical Resource Contacts to be added to CICC e-mail distribution list (as appropriate):

EH &S Mgr. _____ e-mail _____ Phone # _____

Security Mgr. _____ e-mail _____ Phone # _____

HR Mgr. _____ e-mail _____ Phone # _____

Other Mgr _____ e-mail _____ Phone # _____

Other Mgr _____ e-mail _____ Phone # _____

Other Mgr _____ e-mail _____ Phone # _____

Other Mgr _____ e-mail _____ Phone # _____

7. Additional Comments:

8. Signature of Authorizing Manager or Officer:

Name: _____ Title: _____

(Please print)

Signature: _____ Date: _____

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