

# MEMBERSHIP APPLICATION

Company: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

City, State, ZIP or postal code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent Company: \_\_\_\_\_ Country: \_\_\_\_\_

**Description of Business:** *(Limit 250 characters including spaces—please attach sheet if necessary.)*

Year established: \_\_\_\_\_ Number of locations: \_\_\_\_\_ Number of employees: \_\_\_\_\_

**Subsidiaries eligible for member benefits** *(must be involved in the manufacture, sale, transportation, or distribution of industrial or medical gases):*

**What is your primary reason for joining CGA?** \_\_\_\_\_

**How did you hear about CGA?** \_\_\_\_\_

Check all items that describe your company as a producer or distributor of industrial or medical gas, equipment, or products.

<u>Gas Equipment</u>	<u>Gas Products</u>	<u>Services</u>
<input type="checkbox"/> P <input type="checkbox"/> D Analytical equipment	<input type="checkbox"/> P <input type="checkbox"/> D Air gases	<input type="checkbox"/> Analytical and testing
<input type="checkbox"/> P <input type="checkbox"/> D Compressors	<input type="checkbox"/> P <input type="checkbox"/> D Ammonia	<input type="checkbox"/> Installation/repair/maintenance
<input type="checkbox"/> P <input type="checkbox"/> D Cryogenic vessels	<input type="checkbox"/> P <input type="checkbox"/> D Carbon Dioxide	<input type="checkbox"/> Transportation
<input type="checkbox"/> P <input type="checkbox"/> D Cylinder testing/maintenance equipment	<input type="checkbox"/> P <input type="checkbox"/> D Chlorine/Fluorine	<input type="checkbox"/> Inspection
<input type="checkbox"/> P <input type="checkbox"/> D Cylinders	<input type="checkbox"/> P <input type="checkbox"/> D Cylinder gases	<input type="checkbox"/> Environmental/disposal/remediation
<input type="checkbox"/> P <input type="checkbox"/> D Measurement equipment	<input type="checkbox"/> P <input type="checkbox"/> D Fuel gases	<b>Other</b>
<input type="checkbox"/> P <input type="checkbox"/> D Pumps	<input type="checkbox"/> P <input type="checkbox"/> D Helium	<input type="checkbox"/> Consultant
<input type="checkbox"/> P <input type="checkbox"/> D Regulators	<input type="checkbox"/> P <input type="checkbox"/> D Hydrogen	<input type="checkbox"/> Education and training
<input type="checkbox"/> P <input type="checkbox"/> D Transportation equipment	<input type="checkbox"/> P <input type="checkbox"/> D Medical gases	<input type="checkbox"/> Compliance
<input type="checkbox"/> P <input type="checkbox"/> D Valves and safeties	<input type="checkbox"/> P <input type="checkbox"/> D Specialty gases	<input type="checkbox"/> Engineering
<input type="checkbox"/> P <input type="checkbox"/> D Welding equipment	<input type="checkbox"/> P <input type="checkbox"/> D Sulfur Dioxide	<input type="checkbox"/> Research and Design
		<input type="checkbox"/> Nonprofit organization

## CONTACTS

**Official Representative**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different than corporate):

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Membership** (if different from official rep)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different than corporate):

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**NOTE: Unique individual email addresses are required for CGA communications and to access electronic publications.**

## MEMBERSHIP ELIGIBILITY

Any company engaged in the manufacture, sale, transportation, or distribution of industrial or medical gas, or of equipment, materials, or supplies used specifically in connection with, or services specifically provided to, the industrial and medical gas industry, may be eligible for membership in the Compressed Gas Association. An operating division of a firm or corporation may be considered as a separate firm or corporation for purposes of membership.

The industry, as stated in the CGA Bylaws, is defined as international, national, and regional industrial and medical gas companies, distributors, transporters, and manufacturers of related equipment, and companies that provide non-consulting services to the industry.

*Election of members shall be made by the Executive Committee. The Secretary of the Association shall notify each applicant of the action taken by the Executive Committee on its membership application. Applicants shall be entitled to membership benefits only upon election by the Executive Committee. CGA may publish a list of current member companies at [www.cganet.com](http://www.cganet.com) and/or in marketing materials.*

MEMBERSHIP CATEGORY	ACTIVE	ASSOCIATE	CONSULTANT	COMPLIMENTARY
Eligibility	Doing business or operating in North American	Doing business or operating outside North American	Greater than 50% of North American sales from consulting	Association, SDO or Society
Related Annual Revenue	From or into the United States and Canada	Worldwide sales	From or into the United States and Canada	N/A
<b>MEMBERSHIP BENEFITS</b>				
Attend and participate at committee meetings and seminars	Yes	Yes	Yes	TBD
Vote at committee meetings*	Yes	No	No	No
Eligible for Board seat	Yes	No	No	No
Free electronic publication access	Yes	Yes	Yes	TBD
Discounts on hard-copy publications and training	Yes	Yes	Yes	TBD

*\*Companies that choose to maintain separate Active memberships for multiple corporate divisions, parent companies, or subsidiaries will be limited to one vote on any CGA ballot for the entire "ownership" entity.*

## MEMBERSHIP CERTIFICATION AND AFFIRMATION

I certify that the information contained in this application is correct, to the best of my knowledge. I hereby agree that we will abide by the Bylaws of the Association, the CGA Antitrust Compliance Policy, the Foreign Corrupt Practices Act Compliance Guidelines, and with United States laws with respect to activities in the United States. I have included the appropriate dues calculation page for my membership category.

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

The financial information reported on this application and applicable dues calculation page is confidential and is only available to the member company's official representative and membership renewal contact, and authorized CGA financial management personnel. Dues are based on related annual revenue (in U.S. dollars) and billed on a calendar year basis. Dues payments are not deductible as charitable contributions for U.S. federal income tax purposes. Annual dues are subject to change, as determined by the CGA Board of Directors.

*Dues payment must accompany completed application. The initial dues payment covers 12 months of membership. Dues for the first renewal cycle after joining will be prorated to bring membership to a calendar year renewal.*

- If paying by check, please ensure that the check is made payable to Compressed Gas Association in U.S. funds and drawn on a U.S. bank. Checks drawn on a non-U.S. bank will be returned.
- For wire transfers, please contact CGA Member Services for instructions.
- CGA does not accept credit cards for payment of membership dues.

Mark envelope as "**Confidential**" and send completed application and payment to:  
Compressed Gas Association, Member Services, 8484 Westpark Drive, Suite 220, McLean, VA 22102

If you have any questions, please contact CGA Member Services at (703) 788-2700 or [cga@cganet.com](mailto:cga@cganet.com).

For CGA use only:	Application received <input type="checkbox"/>	Dues received <input type="checkbox"/>	Acknowledgment email sent:
	Application approved by Executive Committee:		New member notified:

## ACTIVE MEMBERSHIP DUES CALCULATION\*

- ACTIVE MEMBERSHIP:** Open to any company within the industry and doing business or operating in the United States, Canada, or Mexico, is eligible for Active membership. Any company incorporated, headquartered, or located outside the United States and Canada and doing business in the United States, Canada, or Mexico, is also eligible for Active membership.

### Active membership dues are calculated based on:

**Who?** Your company, your subsidiaries, your parent company, and all other subsidiaries of your parent corporation. A parent corporation is one that owns or controls 50% or more of the stock or ownership rights of another entity or division.

**What?** **Related Annual Revenue** from the manufacture, sale, transportation, or distribution of industrial or medical gas, or of equipment, materials, supplies, or non-consultant services used specifically in connection with the industrial and medical gas industry.

Revenue generated from fuel and refrigerant gases, related containers and equipment, and gross income from leased equipment must be included.

All revenues for your company, your subsidiaries, your parent company, and all other subsidiaries of your parent corporation must be considered in determining related annual revenue.

Gases are defined as industrial and medical gases in liquefied, non-liquefied, dissolved, or cryogenic states.

**Where?** From or into the United States and Canada

**When?** Most recent fiscal year

<b>How?</b>	1. Enter the fiscal year for which you are reporting:	
	2. Enter the related annual revenue as defined above:	\$
	3. Multiply line 2 by <b>0.0149642629039595%</b>	
	4. % to calculate your current annual dues and enter amount ( <i>rounded up to the nearest dollar</i> ) *:	\$

<b>Example 1</b>		<u>Total amount due</u>
Revenue of \$11,500,000	11,500,000 x 0.0149642629039595%= \$1,721	<b>\$2,990*</b>
<b>Example 2</b>		<u>Total amount due</u>
Revenue of \$35,000,000	35,000,000 x 0.0149642629039595%= \$5,237	<b>\$5,237</b>

**\*Active membership dues are subject to a minimum of \$2,990.**

## ASSOCIATE MEMBERSHIP DUES CALCULATION

- ❑ **ASSOCIATE MEMBERSHIP:** Open to any company within the industry which is solely doing business outside of the United States, Canada, and Mexico, is eligible for Associate membership. A company incorporated, headquartered, or located outside the United State and Canada and doing business in the United States, Canada, or Mexico, is classified as an Active member.

**Associate membership dues are calculated based on:**

**Who?** Your company, your subsidiaries, your parent company, and all other subsidiaries of your parent corporation. A parent corporation is one that owns or controls 50% or more of the stock or ownership rights of another entity or division.

**What?** **Related Annual Revenue** from the manufacture, sale, transportation, or distribution of industrial or medical gas, or of equipment, materials, supplies, or non-consulting services used specifically in connection with the industrial and medical gas industry.

Revenue generated from fuel and refrigerant gases, related containers and equipment, and gross income from leased equipment must be included.

All revenues for your company, your subsidiaries, your parent company, and all other subsidiaries of your parent corporation must be considered in determining related annual revenue.

Gases are defined as industrial and medical gases in liquefied, non-liquefied, dissolved, or cryogenic states.

**Where?** Worldwide sales, generated from outside the United States and Canada

**When?** Most recent fiscal year

**How?**

1. Enter the fiscal year for which you are reporting:		
2. Enter the annual revenue as defined above:		\$
3. Use the chart below to determine your current annual dues and enter amount:		\$

<u>Revenue From</u>	<u>Revenue To</u>	<u>Dues Amount</u>
\$0	\$5,000,000	\$2,145
\$5,000,000	\$10,000,000	\$4,625
\$10,000,000	\$25,000,000	\$7,615
\$25,000,000	\$100,000,000	\$7,830
\$100,000,000	\$300,000,000	\$9,245
\$300,000,000	Unlimited	\$9,360

## CONSULTANT MEMBERSHIP DUES CALCULATION\*

- CONSULTANT MEMBERSHIP:** Open to any individual or company that primarily provides consulting services to, or in relation to, the industry. For the purpose of determining if a company provides primarily consulting services, fees charged for services provided for the physical installation, maintenance, repair, testing, or physical transportation of goods/equipment should not be included.

**Consultant membership dues are calculated based on:**

**Who?** Your company where consulting services, including education and training, compliance, engineering, and research and development, generates greater than 50% of its revenue.

*NOTE: A company providing services for the physical installation, maintenance, repair, testing, or physical transportation of goods/equipment is classified as an Active member.*

**What? Related Annual Revenue** includes both 1) the annual dollar volume for the most recent fiscal year from fees for consulting services to, or in relation to, the industry, including education and training, compliance, engineering, and research and development; and 2) related annual revenues of the consultant’s industry clients that are not CGA members. For the purpose of this policy, the consultant’s fiscal year end shall be used to determine the clients’ CGA membership status.

EXAMPLE: Assuming a client is not a CGA member for year 2001, and the consultant works for the client in year 2001, then the consultant’s 2002 dues is based on the consultant’s 2001 revenues plus the client’s revenue from 2000 (the dues the client would have paid if they had been a member in the year of the consultant work).

Consulting arrangements covering a period greater than 60 days must include the industry-related revenue of the non-CGA member client company, its parent corporation, and any other industry-related subsidiaries of the parent corporation on a pro-rated basis according to the following schedule:

Duration of Consulting Agreement (days)*	Percentage of non CGA member Client Revenues to Include in Determining Related Annual Revenue
0 - 59	0%
60 - 89	25%
90 - 179	50%
180 - 269	75%
270 - 366	100%

\*NOTE - Duration is the difference of the start date to the finish date not the number of days contracted. If multiple consulting contracts are made with the same company (or related companies) the duration will be considered from the start date of the first contract to the end date of the last contract covering any calendar year. If no contract, written or verbal, exists between the consultant and the client, hence no term of engagement and no obligation of future work engagements exist between the parties, then the total days of such ad hoc work by the consultant shall be considered the duration for the above chart.

Gases are defined as industrial and medical gases in liquefied, non-liquefied, dissolved, or cryogenic states.

**Where?** From or into the United States and Canada

**When?** Most recently completed fiscal year

**How?**

1. Enter the fiscal year for which you are reporting:	
2. Enter the annual revenue as defined above:	\$
3. Multiply line 2 by <b>0.0149642629039595%</b> to determine your current annual dues and enter amount <i>(rounded up to the nearest dollar)</i> *:	\$

<b>Example 1</b>		<u>Total amount due</u>
Revenue of \$11,500,000	11,500,000 x 0.0149642629039595%= \$1,721	<b>\$2,990*</b>
<b>Example 2</b>		<u>Total amount due</u>
Revenue of \$35,000,000	35,000,000 x 0.0149642629039595%= \$5,237	<b>\$5,237</b>

**\*Consultant membership dues are subject to a minimum of \$2,990.**

## COMPLIMENTARY MEMBERSHIP ELIGIBILITY

**COMPLIMENTARY MEMBERSHIP:** Any association, standards development organization, or society sharing common interests with the Compressed Gas Association, Inc. (CGA) may be eligible for complimentary membership in the CGA.

Organizations applying for complimentary membership must not meet the eligibility requirements for Active, Associate, or Consultant membership in the CGA. Any organization engaged in the manufacture, sale, transportation, or distribution of industrial or medical gases, or of equipment, materials, or supplies used specifically in connection with the industrial and medical gas industry must apply for an Active, Associate, or Consultant membership.

The industry, as stated in the CGA Bylaws, is defined as international, national, and regional industrial and medical gas companies, distributors, transporters, and manufacturers of related equipment, and companies that provide non-consulting services to the industry.

Complimentary members are permitted to attend and participate at committee meetings and specified CGA events and may be eligible to receive free electronic publication access at CGA's sole discretion. Unless approved by CGA's President & CEO, only organization staff are eligible for complimentary member benefits; benefits may not be transferred to the organization's members or other third parties. Complimentary members are not entitled to vote at CGA committee meetings and are not eligible for a Board seat.

Election of complimentary members shall be made by the Executive Committee. The Secretary of the Association shall notify each applicant of the action taken by the Executive Committee on its complimentary membership application. Applicants shall be entitled to membership benefits only upon election by the Executive Committee.

CGA may publish a list of current member companies, including complimentary members, at [www.cganet.com](http://www.cganet.com) and/or in marketing materials.

Complimentary memberships may be terminated at any time, for any reason by CGA.

## MEMBERSHIP CERTIFICATION & AFFIRMATION

I certify that the information contained in this application is correct, to the best of my knowledge. I hereby agree that we will abide by the Bylaws of the Association, the CGA Antitrust Compliance Policy, the Foreign Corrupt Practices Act Compliance Guidelines, and applicable United States laws.

I hereby agree to assign, transfer, and convey unto CGA the right, title, and interest in and to any Intellectual Property and other assets developed by my organization or its representatives in connection the development of CGA publications, training modules, educational materials, position papers, presentations, and other such work created under the auspices of CGA's technical committees.

On behalf of (Organization Name): \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## BACKGROUND INFORMATION

Please attach a copy of your organization's mission and scope.

**Please describe your organization's activities (e.g., standards development, regulatory advocacy, trade promotion, etc.)**

\_\_\_\_\_

\_\_\_\_\_  
Please attach a copy of your organization's member list OR use the space below to provide examples of members represented in your organization if a member list cannot be provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What benefits would be derived from your complimentary membership in CGA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about CGA?

\_\_\_\_\_

What areas of CGA activities are you interested in?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acetylene                                 | <input type="checkbox"/> Hazard Communication       | <input type="checkbox"/> Safety and Health                          |
| <input type="checkbox"/> Atmospheric Gases and Equipment           | <input type="checkbox"/> Hazardous Materials Codes  | <input type="checkbox"/> Security                                   |
| <input type="checkbox"/> Bulk Distribution Equipment and Standards | <input type="checkbox"/> Hydrogen Technology        | <input type="checkbox"/> Specialty Gases                            |
| <input type="checkbox"/> Carbon Dioxide                            | <input type="checkbox"/> HYCO                       | <input type="checkbox"/> U.S. Standards, Codes, and Regulations     |
| <input type="checkbox"/> Cylinder Specifications                   | <input type="checkbox"/> Industrial Gases Apparatus | <input type="checkbox"/> Canadian Standards, Codes, and Regulations |
| <input type="checkbox"/> Cylinder Valve                            | <input type="checkbox"/> Liquefied Petroleum Gas    | <input type="checkbox"/> International Harmonization of Standards   |
| <input type="checkbox"/> Distribution and Fleet Safety             | <input type="checkbox"/> Medical Equipment          | <input type="checkbox"/> Training and Educational Materials         |
| <input type="checkbox"/> Environmental                             | <input type="checkbox"/> Medical Gases              |   |
| <input type="checkbox"/> Food Gases                                | <input type="checkbox"/> Natural Gas Technology     |   |
|  | <input type="checkbox"/> Process Safety             |   |

Other: \_\_\_\_\_

### Individual Contacts

*NOTE: Contacts must be employees of organization applying for Complimentary Membership.*

#### Official Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different than organization):  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Technical Liaison (if different from official rep)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different than organization):  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_