



# Associate Membership Application

## American Council of Independent Laboratories

### TO APPLY FOR MEMBERSHIP...

#### Step 1: Verify that your company meets this membership eligibility criteria:

A for-profit organization that could provide services or products to an ACIL corporate member but does not perform commercial scientific measurement itself. This includes vendors of lab equipment and supplies, professional consultants, attorneys, accountants, and other vendors and service providers.

#### Step 2: Submit your completed membership application to ACIL along with any supporting materials.

#### Step 3: Upon acceptance of your application you will be invoiced for the dues for the balance of the current calendar year. The annual dues are:

- \$500 for organizations with fewer than 25 employees; or
- \$1,000 for organizations with 25 or more employees.

**Please note:** The membership approval process, conducted by ACIL's Board of Directors and based upon the criteria listed above, usually takes less than three weeks.

Contributions or gifts to ACIL are not tax-deductible as charitable contributions. However, they may be tax-deductible as ordinary and necessary business expenses.

### CONTACT INFORMATION

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

Contact: \_\_\_\_\_

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

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if mailing address is a P.O. Box):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

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

Web Address: \_\_\_\_\_

How did you first learn of ACIL? \_\_\_\_\_

Were you recommended by an ACIL member? \_\_\_\_\_

If so, whom? \_\_\_\_\_

### COMPANY DATA

Please provide a brief description of the types of products and/or services your company offers and your target markets(s). (This description will be used to announce your membership and in referring your company to ACIL members—please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your company do any commercial scientific testing? \_\_\_\_\_ (If so, please attach a letter of explanation.)

Is your company "for-profit"? (If not, please attach a letter of explanation.) \_\_\_\_\_

Number of Employees: \_\_\_\_\_

## TARGET MARKETS

Please indicate the areas of testing to which your services and/or products are targeted. Use "1" to indicate primary markets and "2" to indicate any secondary markets.

\_\_\_\_\_ Construction Material Engineering & Testing

\_\_\_\_\_ Food Sciences

\_\_\_\_\_ Conformity Assessment

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Environmental Sciences

**Construction Material Engineering & Testing**—Testing for the construction industry including, but not limited to: footing and drilled pier inspection, reinforcing steel sampling and testing, structural steel inspection, concrete placement inspection, soil compaction testing as well as aggregate tests and concrete or asphaltic concrete mix design. Geotechnical Testing; testing services in the areas of geotechnical engineering, geohydrolic studies, pavement design, slope stability analysis, subsurface and/or mining engineering, and geophysics. Environmental Engineering; environmental assessment and audits of commercial, industrial and/or private property, remedial investigations, preparation of clean-up plans for contaminated sites, and/or monitoring the execution of the remediation work.

**Environmental Sciences**—Testing and research yielding data about hazardous wastes, pollutants, groundwater, soils, sludges, air, water, wastewater and asbestos.

**Food Sciences**— services to characterize composition, purity, residue content and contamination in the areas of food, pharmaceuticals, cosmetics, and related manufacturing industries.

**Conformity Assessment**—Testing, certification, listing or labeling in accordance with applicable domestic, international or foreign government industry, safety and performance standards includes Failure Analysis/ Materials Science..

## APPLICANT

We hereby represent that our firm meets all qualifications for Associate Membership in ACIL.

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

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

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

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

Questions on the membership application or process? Call ACIL at (202) 887-5872.

Please mail application to: ACIL, 1050 17th Street, N.W., Suite 1000, Washington, D.C. 20036 or fax to: 202-887-0021