



# ABRA ASSOCIATE MEMBER APPLICATION

300 New Jersey Avenue NW Suite 900 PMB #9031 Washington, DC 20001 Ph. 888.979.2272

Name & Title	
Company Name	
Street Address	
City, State, Zip/Postal Code	
Company Phone #	
Cell Phone #	
Email Address	

## Associate Membership:

Annual Dues: \$550.00 Mid Year July – July Annual Dues

\*ALL Associate memberships are renewable July 01 of each year at the full year membership rate of \$550.00

Associate Members are : Any person, company, firm, proprietorship, partnership, corporation, or other similarly organized entity engaged in the manufacturing, sale, installation and/or distribution of machinery or supplies, and/or furnishing services to companies and individuals providing Bio-Recovery Remediation, Trauma Scene Abatement, Crime Scene Cleaning, and other similar services shall be eligible for Associate membership in the Association. An Associate member of the Association is required to subscribe to, and abide by, the Bylaws in effect at the time of the Associate member's acceptance into the Association, and as they may be amended as provided herein. An Associate member is also obligated to subscribe to, and abide by, the Association's Code of Conduct and Ethics in effect on the date of the Associate member's acceptance into the Association as well as any amendments thereof. Associate membership is further conditioned upon receipt of all membership dues and fees promptly on their due date, as provided herein. AMERICAN BIO-RECOVERY ASSOCIATION (ABRA) Associate Membership application requirements include: An Affidavit attesting to the statements therein.

**Our Policy:** Membership in ABRA requires that the member will subscribe and agree to abide by ABRA's Code of Ethics and Bylaws, as they are now, or as they may be amended and all Rules, Regulations and/or Policies that are now in effect or may be approved and adopted by the membership or the Board of Directors. Members also agree to meet financial obligations promptly as they become due.

## Associate Membership includes a table top at the ABRA Annual Conference

\* According to ABRA Bylaws and Code of Ethics, You must abide by all International, Federal, State, and local laws. Required Affidavit of documentation and acknowledgements must be submitted with this application.

Where did you Hear about the American Bio Recovery Association (ABRA)? \_\_\_\_\_

AFFIDAVIT	Initials/Signature
I understand that any false statements could result in revocation of membership without refund.	
I hereby agree that the company listed above will observe and abide by the ABRA Code of Ethics and Conduct.	
I affirm that the company carries a current Insurance and Copy of the Certificate of Insurance is available for review.	
By signing this Affidavit, I understand that lack of maintaining these requirements is a violation of ABRA's Ethics and Code of Conduct and that this will result in the suspension of my company membership.	
I affirm that I understand the statements above regarding keeping my information current with ABRA, the use of ABRA Logo, and all renewal requirements.	
I agree to indemnify and hold ABRA harmless and all its agents and employees from and against any liability whatsoever in connection with this application.	

Principal or Authorized Officer Signature

Date

Print Name and Title

Date

It is the policy and commitment of American Bio Recovery Association that it does not discriminate on the basis of race, age, color, religion (creed) gender, gender expression, national origin, physical or mental disability, marital status, sexual orientation, or military status in any of its activities or operations or otherwise. Any member, volunteer or client who believes that s/he or any other affiliate of American Bio Recovery Association has been discriminated against is strongly encouraged to report this concern promptly to the Executive Director.