



ABRA INDIVIDUAL 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	

Individual Membership:

Non-refundable application processing fee: \$100.00 Applicable to all individual membership applications. Annual Dues: \$250.00. Mid Year July – December Annual Dues: \$125.00. *ALL Individual memberships are renewable January 01 of each year at the full year membership rate of \$250.00

Individual 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 Individual membership in the Association. An Individual member of the Association is required to subscribe to, and abide by, the Bylaws in effect at the time of the Individual member's acceptance into the Association, and as they may be amended as provided herein. An Individual 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 Individual member's acceptance into the Association as well as any amendments thereof. Individual membership is further conditioned upon receipt of all membership dues and fees promptly on their due date, as provided herein. Please complete application pages 1 & 2 and submit the required Affidavit. AMERICAN BIO-RECOVERY ASSOCIATION (ABRA) Active Membership Applications must be filled out completely and **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.

Acceptance as an Individual member in the Association, and/or the renewal of an Individual membership in the Association is conditioned upon the prospective, and/or renewing, member's certification that it shall have; current certificate(s) from an ABRA approved bio recovery training program, at least 5 years of experience in the field of bio recovery, obtain a passing score on the ABRA Technician Certification (CBRT) exam within 6 months of the date of the Individual membership application and maintain a current ABRA Technician certification status at all times. In the event an Individual member fails to maintain ABRA certified technician status, for whatever reason, the Individual member shall have three (3) months from the date it ceased to maintain a current ABRA certified technician status to comply with the requirements of this Section. If, after three (3) months, the Individual member fails to become compliant with this Section, the member's Individual membership shall be automatically revoked.



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Individual member shall be required to be the designated representative of their membership.

"...**CERTIFICATES:** Certificates which are issued to a member upon acceptance into the Association indicate only that the member has met certain requirements established by the Association for its membership..."

"... **LIMITATIONS:** Associate, Individual and Honorary members shall have all the privileges of Active members except they shall have no voting rights on matters coming before the Association. In addition, Honorary and Associate members may not hold office. Individual members shall not use the ABRA logo..."

* According to ABRA Bylaws and Code of Ethics, You must abide by all International, Federal, State, and local laws. All locations must be listed as a licensed medical waste Generator / Transporter If required by your municipality or state, county or other International jurisdiction. Required Affidavit of documentation and acknowledgements must be submitted with this application.

AFFIDAVIT	Initials/Signature
I affirm that the company listed above now has, or will have within 6 months of the date of this application at least 1 ABRA Certified Technician (CBRT) on staff at ALL times.	
Provide the current CBRT number or date of training:	
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	
I affirm that the company listed above holds all required permits and licenses required to conduct bio- recovery in the service area.	
I affirm that the company has not had any citations from a regulatory agency during the last (3) years.	
I affirm that the company has regularly scheduled, documented employee safety meetings, onsite tailgate/toolbox safety meetings and the documents are available for review upon request.	
I affirm that a copy of the company's current Business Registration with claimed Jurisdiction(s) is available for review.	
I affirm that the company carries a current Insurance and Copy of the Certificate of Insurance is available for review.	
By signing this application the undersigned principal or authorized officer agrees to abide by the ABRA Code of Ethics and Bylaws. In addition, you are agreeing to have an ABRA Certified Technician in accordance with the Association bylaws.	
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 I could be asked at anytime to produce such documents if inquired to do so. If any discrepancies are found from a request to produce documents as proof and/or if there is a lack of cooperation from the certificate holder, this will result in the suspension of my certification and individual or company membership.	
I affirm that I understand the statements above regarding keeping my information current with ABRA, the use of ABRA Logo, Certification language terms 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

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

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.