

Independent Professionals & Consultants

| | | |] New |
|--|--------------------|---|---------------|
| Name of Applicant Company | | | _] Renewa |
| Mailing Address | | | _ |
| City | <u></u> | State | _ |
| Zip or Postal Code | (| Country | _ |
| Phone | F | āx | _ |
| Email Address (main) | | Website | _ |
| Description of synthetic turf by please identify the primary but | | and elsewhere. If multiple synthetic turf businesse | es, |
| Is the applicant Company relating in North America? If you | | to any other company(ies) in the synthetic turf | |
| Years in Business: | | Number of employees: | |
| Other Locations: | | | |
| How did you hear about us? | ☐ Email/Newsletter | ☐ Website | _ |
| ☐ Social Media | D STC | Member | _ |
| | | Other | |
| ☐ Networking | ☐ Certification | ☐ Grow the industry | |
| \square Education | ☐ Join a Committee | ☐ Industry Trends | |
| ☐ Credibility | ☐ Grow my Business | ☐ STC Member Logo | |
| Key Contact | | | ~~~~~~ |
| _ | | tt for all official STC business, including on STC matters. | |
| Key Contact Full Name | Professional Title | | _ |
| Office Phone | (| Cell Phone | _ |

Email Address

You will be emailed a link to use for creating other contact profiles in our database once your membership has been approved and activated.



Full Membership Application (continued)

Classifications of Membership & Dues Amount

Independent Professionals & Consultants: Firms with legally registered or licensed design professionals or engineers, as well as those with non-licensed practitioners or consultants that represent or advise the owner/end-user with surface and systems selection information, technical specifications, system designs, bid and construction documents, etc. If you provide other consulting services (e.g. business consulting), please use the Specialty Manufacturers and Service Providers membership application. Architect, landscape architect, engineer, or independent synthetic turf consultant Gross Revenues: Under \$750,000 Annual Dues: \$500 Over \$750,000 Annual Dues: \$750 Payment & Authorization Pay by Credit Card Cardholder Name: Credit Card Number: Exp. Date | Security Code: Billing Address: Authorized Signature: Amount to be charged: \$ Pay by Check: Please make check payable to Synthetic Turf Council and mail to ATTN: Melanie Taylor, Director of Operations; Synthetic Turf Council, 400 Galleria Pkwy, Ste 1500; Atlanta, GA 30339. Wire Transfer: Please contact Melanie Taylor, Director of Operations, at melanie@ syntheticturfcouncil.org or (678) 385-6720 for our banking information Membership Terms & Agreement All information provided on this application for membership must be true, accurate, and correct. If an applicant provides false information concerning a material fact, e.g., incorrect information on which dues are based, the Board shall deny membership to the applicant and may restrict reapplication permanently or for a period of time based on the materiality of the facts falsified. Permission to use the STC and STC Member logos shall be limited to members and applicants for membership that 1) are legally registered in North America, i.e., U.S., Canada, and Mexico, or, 2) have at least one employee or representative in North America that conducts direct sales, or, 3) had an employee or representative conducting direct sales at one of the two membership meetings in the 12 months prior to the date of application or membership renewal. The Company herewith applies for Membership in the Synthetic Turf Council (STC) and agrees to abide by the STC's Bylaws, Code of Ethics, and Code of Conduct. Key Contact Signature Date