

LIGHTER ASSOCIATION, INC.

APPLICATION FOR MEMBERSHIP

1. **Identity of Organization**

Company Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

FAX _____ EMAIL _____

2. **Type of Membership**

Manufacturer . . . Applicant must be a business entity with its principal place of business in the United States or Canada and which operates facilities for the manufacture or assembly of finished lighters, or which packages and distributes lighters manufactured by an affiliated manufacturing company, and are distributed in the United States or Canada.

Distributor . . . Applicant must be a business entity with its principal place of business in the United States or Canada and distribute lighters (manufactured by others) in the United States or Canada.

Supplier . . . Applicant must be a business entity with its principal place of business in the United States or Canada and operate facilities for the manufacture or assembly of components, materials, equipment, machinery or supplies used by manufacturers of lighters.

Affiliated Association . . . Applicant must be an association representing a group of lighter manufacturers which maintains its principal place of business outside of the United States or Canada.

Associate Member . . . Any individuals affiliated with, or engaged in, research or development and consulting in the lighter industry, shall be eligible as associate members, and shall be entitled to all privileges of membership except that they shall not be entitled to vote.

3. **Annual Dues**

Manufacturers and Distributors*

	<u>Sales</u>	<u>Dues</u>
<input type="checkbox"/>	0 to 5 MM	\$ 4,000
<input type="checkbox"/>	5 to 10 MM	8,000
<input type="checkbox"/>	10 to 15 MM	16,000
<input type="checkbox"/>	15 to 30 MM	24,000
<input type="checkbox"/>	30 to 60 MM	36,000
<input type="checkbox"/>	60 to 120 MM	48,000

Suppliers

\$1,000

Affiliated Associations

\$3,000

Associate Members

\$100

4. Company Representative to Association _____ Title _____

Certification of Authorizing Company Executive _____ Title _____

Please mail your application along with your check payable to Lighter Association, Inc. to:

David H. Baker, General Counsel
Lighter Association, Inc.
1700 Pennsylvania Avenue, N.W.
Suite 400
Washington, D.C. 20006

*Confidential Information. Will not be disclosed to any member of the Association or to the public.