



IAPMO Technical Subcommittee Membership Application

IAPMO uses the information in this application to determine your qualifications and to assure that appointments to IAPMO Plumbing Standards Committee are made in a way that ensures that it will contain a fair balance of interests. Please provide as much information as possible to assist us in the selection process. Feel free to attach additional pages if necessary. Please complete all questions and sign this application.

Technical Subcommittee: _____

Name of Applicant: _____ Title: _____

Employer: _____

Website: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Telephone: _____ Fax: _____

E-Mail: _____ Mobile: _____

Member type:

- Primary member
- Alternate member. If yes, to whom: _____
- Non-voting member

Indicate the interest category which you believe best suits you:

- Producer (Manufacturer) Interest** – this category includes those who are predominantly involved in the manufacture, promotion, retailing, or distribution of the subject products, materials, or services (e.g., manufacturers, distributors, licensors, developers, associations of any of these groups, and professional consultants to any of these groups).
- User Interest** –this category includes those who are subject to the provisions of the standards or who voluntarily use the standards (e.g., testing laboratories, certification bodies, regulatory agencies, and standards developing organizations).
- General Interest** – this category includes those who are neither producers nor users (e.g., academics, consumers, contractors and subcontractors, construction labor organizations, educators, researchers, and technical societies).

Note: Individuals retained as consultants under an indefinitely continuing agreement with an organization shall be categorized in accordance with the category of the retaining organization.

1. Qualifications

- a. Provide evidence of your general knowledge and competence in the scope of the committee by attaching your résumé _____

- b. What is your specific relationship to one or more elements of the scope of the committee?

- c. Will you be able to actively participate in the work of the committee including responding to correspondence and attending committee meetings?

2. Representation

- a. Indicate the name of the organization you would be representing: _____

- b. Does the organization you would represent have a mechanism for instructing votes? If so, can the time constraints imposed by the IAPMO Policies and Procedures be met?

3. Funding Source(s) for Your Participation

- a. What person(s) or organization(s) would fund your participation as a committee member, either in whole or in part? (You should list your employer if your participation is funded by your employer or if your participation is part of your employment responsibilities or otherwise related to your employment.)

- b. Background and description of your employer and/or other person(s) or organization(s) funding participation:

4. Additional Comments

Languages other than English _____

If appointed, I agree to abide by the rules and guidelines of IAPMO. In addition, I hereby agree to notify the Secretariat of the IAPMO standards committee of any change in my status, including change of employment, organization represented, or funding source. I also agree that IAPMO shall have, and I hereby grant, all and full rights in copyright in any material that I author, either individually or with others, as a member of this committee, or that I submit for the proposed use of the committee in an IAPMO code or standard or other IAPMO document. I further acknowledge that I acquire no rights in any publication of IAPMO and that copyright and all rights in all materials produced by IAPMO technical correlating committees are owned by IAPMO and that IAPMO may register copyright in its own name.

I do not now hold and I do not intend to hold any patent, the use of which would be required for compliance with any material that I author –either individually or with others– as a member of this committee, or that I submit for the proposed use of the committee in an IAPMO code or standard or other IAPMO document.

I attest that all of the information on this application is true and accurate.

Signature _____ Date _____

