



American Bearing
Manufacturers Association

1001 N. Fairfax Street, Suite 500
Alexandria, VA 22314 USA
P: 703-842-0030
www.americanbearings.org

Membership Application

We the undersigned hereby apply for membership in the American Bearing Manufacturers Association in the following category:

☐ **Primary Manufacturer Member**

(Manufacturer of bearings
or major components)

☐ **Associate Member**

(Materials/services for
the bearing industry)

☐ **Academic Member**

(Universities/Technical Schools
interested in the bearing industry)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name and Title of Primary Contact _____

Phone: _____ E-mail Address: _____

Company Web Address _____

What is your primary role with the bearing industry? If you manufacture bearings, major components or materials, please specify the breadth of your manufacturing. _____

What is the total number of employees at your company? _____

ASSOCIATE MEMBER APPLICANTS -- Does your company currently supply or intend to supply goods or services to the bearing manufacturers in the United States? _____

PRIMARY MANUFACTURER APPLICANTS – Previous Year Sales Volume for Bearings & Components - \$ _____

Please list other company facilities for manufacturing bearings or products or services for the bearing industry.

Plant/Office Name	City, State	Phone
1.		
2.		
3.		

ABMA CHARGES A \$1,000 PROCESSING FEE FOR ALL INCOMING MEMBERSHIP APPLICATIONS FOR PRIMARY AND ASSOCIATE MEMBERSHIPS. ACADEMIC MEMBERSHIP APPLICATIONS SHOULD SUBMIT A \$75 PROCESSING FEE.

PLEASE RETURN THIS FORM WITH A CHECK TO: ABMA, 1001 N. Fairfax St, Suite 500, Alexandria, VA 22314 or email the form to mcwilliams@americanbearings.org and receive instructions to pay via credit card.

This application is submitted for consideration of our membership qualifications by the Board of Directors of the American Bearing Manufacturers Association. If accepted for membership, we agree to conform to the By-laws of the association and make remittance of our dues and assessments based upon the method prescribed by the Board of Directors, as required of other members of the association.

Submitted by _____ Title _____

Signature _____ Date _____

ABMA USE ONLY: Received _____ Approved _____