

STRATEGIC BUSINESS PARTNER PROGRAM APPLICATION

\$5,000 annual fee. Do not submit payment for the fee with application. You will be invoiced when notified of approval.

Company Name

Date

Address

City

State

Zip

Telephone

Email

Website

Name of Individual Completing Application

1. How many years has your company been in business?
2. Describe the strategic product or service your company can provide to AHTD member companies.
3. Indicate the company that referred you to AHTD. If you were referred by a particular person within the company, include that person's name. Designate only one individual per company.

Company

City/State

Individual Name

Title

Eligibility Requirements

- Applicant must provide a business product or solution that is strategically related to the industrial automation industry.
- Applicant must provide a service/product that is in the best interests of AHTD and its members.
- Applicant must not qualify for AHTD membership under criteria of Automation Solutions Provider (ASP) or as a Manufacturer.
- Applicant must meet these qualifications and such other criteria as established by the Board of Directors.
- Participants will not engage in "spamming" the AHTD membership. Any evidence of such a practice will automatically disqualify the company from participating in the program resulting in fees and benefits being immediately forfeited.
- There is no exclusivity of product or service for companies who apply to this program.

- Strategic Business Partners cannot serve on the Board of Directors and are not eligible to vote or serve on committees.
- Strategic Business Partners may register for AHTD semi-annual conferences, if there is interest in attending, at the usual nonmember rate.

The following section must be completed in order to be considered for membership in AHTD:

I certify that all of the information submitted within this application is correct and in order. Additionally, I confirm that the company and individual described above (and any individuals from this company) will adhere to the qualifications/terms outlined above. I acknowledge that to become a Strategic Business Partner of AHTD, an applicant must fulfill the Strategic Business Partner Eligibility Requirements. Failure to follow the terms will be cause for automatic dismissal from the program resulting in fees and benefits being immediately forfeited.

Name

Title

Electronic
Signature

Date

SUBMIT APPLICATION