



## IMERC Supporting Member Application

Complete and sign this Application and submit to the address below along with a signed Memorandum of Agreement (MOA). For more information regarding IMERC Supporting Membership, visit [www.newmoa.org/prevention/mercury/imerc/supportingmembers.cfm](http://www.newmoa.org/prevention/mercury/imerc/supportingmembers.cfm).

### A. Applicant

Applicant Type (Choose One):

- Trade Association (Must complete Section C)
- Business (Must complete Section D)
- Non-governmental Organization (Must complete Section E)

**Note: Other interested parties, please contact IMERC staff to discuss eligibility and dues.**

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*Organization/Program/Company Name*

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*Street Address*

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*City*

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*State/Province*

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*Zip Code*

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*Telephone*

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*Website*

### B. Representative/s – Designate Supporting Member representative/s.

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*Representative*

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*Email*

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*Telephone*

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*Alternate Representative*

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*Email*

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*Telephone*



**C. Trade Association** – Include an appendix listing the companies represented by the trade association. Check the appropriate box.

- 1 – 5 member companies in trade association (\$2,000 annual dues)
- 6 – 10 member companies in trade association (\$3,000 annual dues)
- > 10 member companies in trade association (\$4,000 annual dues)

Comments: \_\_\_\_\_

**D. Manufacturer / Distributor / Importer**

- 1 – 50 employees in the company (\$500 annual dues)
- 51 – 100 employees in the company (\$750 annual dues)
- > 100 employees in the company (\$1,000 annual dues)

Comments: \_\_\_\_\_

**E. Non-governmental Organization (NGO)**

- 1-10 employees in the program (\$100 annual dues)
- > 10 employees in the program (\$500 annual dues)

Comments: \_\_\_\_\_

**F. Purpose of Membership** – In a few sentences, describe your organization’s purpose in applying to be a Supporting Member of the IMERC, including how you hope to benefit and what you hope to contribute to the activities of the Clearinghouse.



**G. Certification** – This Section should be signed by a senior official.

I, the undersigned, being duly authorized as signatory for the aforementioned organization agree to the annual supporting membership dues based on the information provided in Sections C, D, and E of this document. I hereby certify that the information in this document is true, accurate, and complete to the best of my knowledge and belief.

I understand that participation in IMERC as a Supporting Member, does not guarantee my company's approval of any Notification submission, Phase-Out Exemption Application, Alternative Labeling Applications, or other document as required by states' law.

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*Print or Type Name*

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*Signature*

*Date*

Print, sign, and mail the Application to:

Interstate Mercury Education & Reduction Clearinghouse (IMERC)  
c/o NEWMOA  
89 South Street, Suite 600  
Boston, MA 02111

Or email a PDF version (with e-signature) to:  
rsmith@newmoa.org

**Payment of IMERC dues is not required as part of the application process.  
Invoices will be sent after the application has been approved.**

If you have any questions, contact Rachel Smith: 617-367-8558 x304 or rsmith@newmoa.org.

**Please save a copy of this form for your records.**