

ANSI ACCREDITED STANDARDS COMMITTEE A117

ORGANIZATIONAL APPLICATION FOR MEMBERSHIP

Note: This form is to be use by an organization, association or other group requesting membership on the A117 Committee. Individuals & organizational representatives requesting membership should use the form **INDIVIDUAL & REPERSENTATIVE APPLICATION FOR MEMBERSHIP**.

It is the Organization that is the member of the A117 Committee, not their representatives.

Please provide the following information. It is important to complete **ALL** of the lines and questions on this form, supply additional requested information, and sign and date the application.

Part I. General Information

1. Organization Information

Complete the following information on the Organization applying for membership. The "Contact" should be the main person at the organization's main office to communicate with on administrative matters such as updating contact information, and appointment of voting representatives. A Contact at the main office is required in addition to the listing below of an "Outside Contact" in another office.

| | | | | | | | | |
|---------------|--|-------|--|--------|--|----------|--|--|
| Organization | | | | | | Acronym: | | |
| Main Contact: | | | | | | | | |
| Title: | | | | | | | | |
| Address: | | | | | | | | |
| City: | | | | State: | | Zip +4: | | |
| Phone: | | 800#: | | Ext: | | Fax: | | |
| e-mail: | | | | TDD #: | | | | |
| Web Site: | | | | | | | | |

2. Outside Contact: Complete the following if the Main contact for your Representatives is not located at the above address

| | | | | | | | | |
|------------------|--|-------|--|--------|--|---------|--|--|
| Outside Contact: | | | | | | | | |
| Title: | | | | | | | | |
| Address: | | | | | | | | |
| City: | | | | State: | | Zip +4: | | |
| Phone: | | 800#: | | Ext: | | Fax: | | |
| e-mail: | | | | TDD #: | | | | |

3. Interest Category (check one)

Using the Interest categories listed below, indicate the category that best relates to

your representation on the committee.

Builder/Owner/Operator
 Consumer/User
 Professional
 Producer/Distributor
 Regulatory

Interest Categories:

- **Builder/Owner/Operator (BO)** Members in this category include those in the private sector involved in the development, construction, ownership and operation of buildings or facilities; and their respective associations.
- **Consumer/User (CU)** Members in this category include those with disabilities, or others who require accessibility features in the built environment for access to buildings, facilities and sites; and their respective associations.
- **Professional (P)** Members in this category include those qualified to engage in the development of the body of knowledge and policy relevant to their area of practice, such as research, testing, consulting, education, engineering or design; and their respective associations.
- **Producer/Distributor (PD)** Members in this category include those involved in manufacturing, distributing, or sales of products; and their respective associations.
- **Regulatory (R)** Members in this category include federal agencies, representatives of regulatory agencies or organizations that promulgate or enforce codes or standards; and their respective associations.

Part II. Organization's Representatives

Complete the following information on the Principal and Alternate Representative for your organization.

(Organizational members are allow to have both a Principal and Alternate Representative. An Alternate's vote is counted only if the Principal Representative fails to vote.)

| | | | | | | | |
|----------------------------------|------------|--------|----|---------|-----|----------|--|
| Principal Voting Representative: | | | | | | | |
| Title: | | | | | | | |
| Company: | | | | | | Acronym: | |
| Address: | | | | | | | |
| City: | Washington | State: | DC | Zip +4: | 200 | | |
| Phone: | | 800#: | | Ext: | | Fax: | |
| e-mail: | | | | TDD #: | | | |

| | | | | | | | |
|----------------------------------|------------|--------|----|---------|-----|----------|--|
| Alternate Voting Representative: | | | | | | | |
| Title: | | | | | | | |
| Company: | | | | | | Acronym: | |
| Address: | | | | | | | |
| City: | Washington | State: | DC | Zip +4: | 200 | | |
| Phone: | | 800#: | | Ext: | | Fax: | |

Part III. Funding

Who or what organization, company, interest, etc., would fund your participation on the Committee?
(Specify names, address, telephone and contact's title as appropriate)

| | | | | | | | |
|---------------|--|-------|--|--------|--|----------|--|
| Funding by | | | | | | Acronym: | |
| Main Contact: | | | | | | | |
| Title: | | | | | | | |
| Address: | | | | | | | |
| City: | | | | State: | | Zip +4: | |
| Phone: | | 800#: | | Ext: | | Fax: | |
| e-mail: | | | | TDD #: | | | |

Part IV. Authority and Participation

1. Are your Organization's Representative(s) authorized to vote on behalf of your Organization? (Appropriate Authorization may be required.)
 Yes No
2. Will your Organization's Representative(s) be instructed how to vote?
 Yes No
3. If so, can the time constraints of the consensus process be maintained?
 Yes No
4. Provide assurance of active participation on the Committee. Will your Organization and its Representatives be able to participate in the full work of the Committee such as attending Committee meetings and responding to correspondence?
 Yes No

Part V. Background and Experience

Please complete the following. Attach résumés or additional sheets as necessary.

1. State why you wish representation on the A117 Committee and provide specific relationship to one or more elements of Committee work.

2. State the extent to which the A117.1 Standard directly and materially affects your interest.

3. Provide evidence of expertise in areas relevant to the A117 Committee and the Interest

category you have selected in Part 1 - #2 above.

Part VI. Additional Information

Provide any additional information as may be appropriate to assist in the evaluation of your application. Attach additional sheets if necessary.

Part VII. Certification

I hereby agree to notify the Committee Secretariat of a change in any of the information provided in this application including a change in the Organization's Representatives or source of funding. I also agree to abide by the rules and policy of the ANSI A117 Committee. I attest that the information provided in this application for Committee membership is true and accurate.

| | |
|-------------------|--|
| Signature: | |
| Title: | |
| Date: | |

Mail Completed Application to:

International Code Council, Inc.
Secretariat - ANSI ASC A117
4051 West Flossmoor Road
Country Club Hills, IL 60478

(888) 422-7233

e-mail: ewirtschoreck@iccsafe.org