

ANSI ACCREDITED STANDARDS COMMITTEE A117

INDIVIDUAL & REPRESENTATIVE APPLICATION FOR MEMBERSHIP

Note: This form is to be use by an Individual or Organizational Representative requesting membership on the A117 Committee. Organizations, associations or other groups requesting membership should use the form **ORGANIZATIONAL APPLICATION FOR MEMBERSHIP**.

Except for Individual members, 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. Applicant Information

Complete the following information on yourself (as an *Individual* or *Organizational Representative*), and the entity you will represent. Indicate if you will be the voting Principal or Alternate, or be a non-voting member.

Your Name:					
Title:					
Company:				Acronym:	
Address:					
City:	Washington	State:	DC	Zip +4:	200
Phone:		800#:		Ext:	Fax:
e-mail:				TDD #:	

2. Entity Represented

Complete the following information on the entity (Company, Association, group, or yourself) you will represent (*Representing*).

Representing:						Acronym:	
Main Contact:							
Title:							
Address:							
City:	Washington	State:	DC	Zip +4:	200		
Phone:		800#:		Ext:	Fax:		
e-mail:				TDD #:			
Web Site:							

3. Interest Category (check one)

Using the Interest categories listed on Page 2, indicate the category that best relates to your representation.

- | | | |
|---|--|---|
| <input type="checkbox"/> Builder/Owner/Operator | <input type="checkbox"/> Consumer/User | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Producer/Distributor | <input type="checkbox"/> Regulatory | <input type="checkbox"/> Individual Expert (Non-voting) |

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.
- **Individual Expert (IE) (Non-voting)**
Members in this category are individual experts selected to assist the consensus body. Individual experts shall serve for a renewable term of one year and shall be subject to approval by vote of the consensus body.-Individual experts shall have no vote.

4. **Representation Type** Indicate if you will represent an entity (Organization) or yourself (Individual) on the Committee.

Organization Individual

5. Indicate if you will be the voting Principal or Alternate, or be a non-voting member.

Representative as (check one):	Principal:	<input type="checkbox"/>	Alternate:	<input type="checkbox"/>	Non-voting Member:	<input type="checkbox"/>
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Part II. Funding

Who or what organization, company, interest, etc., will 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 III. Authority and Participation

Part V. Additional Information

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

Part VI. 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 represented 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:		Date:	
Title:			

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