



Affiliation Declaration Form

(* denotes required information)

*Participating Member Name _____

*Address _____

Address Line 2 _____ *City _____

*State _____ *Zip _____ *Phone (_____) _____

Billing Address (If different than above) _____

Billing City _____ Billing State _____ Billing Zip _____

Email Address _____

Grainger Account Number (9 digit) _____

Participating Member ID _____

*Current Affiliation _____

*Requested Affiliation _____

*Chapter Affiliation (if applicable) _____

The above-named account declares its sole affiliation with _____ (newly named affiliation) for the purpose of purchasing maintenance, repair, and operations supplies and equipment from Grainger Industrial Supply ("Grainger"), a division of W.W. Grainger, Inc. The Participating Member declares that no purchase of Products is made under any other group purchasing arrangement or agreement except the current Agreement between _____ (newly named affiliation) and Grainger Industrial Supply. The Participating Member agrees that this declaration supersedes all previous declarations regarding the purchase of Grainger products.

Authorized Signature _____ Today's Date _____

Print Name _____ Title _____

Email or Fax Form to: **Kelly LaMarca** at klamarca@ntma.org or 216-264-2840