



Membership Application & Agreement

The Health Product Declaration Collaborative (HPDC) is a membership organization dedicated to the support and evolution of the Health Product Declaration ® Open Standard. Membership is open to organizations who are actively engaged in the creation, use and/or support of the HPD Open Standard. Each organization member is entitled a specified number of individual participants, based on the type of membership. The HPDC is a non-profit, recognized by the IRS as a 501(c)(6) trade association.

Membership Term: Membership rights and privileges begin upon receipt of the completed application and payment in full. Membership is for twelve months from the membership admission date. See below for payment terms.

Organization Applicant Information

Organization Name: _____

Organization Address: _____

Organization URL: _____

Contact Information

Primary Contact: This is the contact from your organization assigned to be the lead representative for the membership on behalf of your company. (All legal and financial notices from HPDC to the member will be sent to this e-mail address unless the member directs otherwise)

Name: _____

Title: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Membership Information

1. Please select the appropriate Membership Group (choose one)

User - An organization that does not manufacture product(s) for which HPDs would be an applicable disclosure tool, but which uses, or intends to use, HPDs directly in the course of their business activities.

Examples: Architecture, Design, Engineering and Construction firms.

Manufacturer - An organization that develops and/or manufactures product(s) for which HPDs would be an applicable disclosure tool. In instances where an entity or individual both creates and uses an HPD, they should select the Manufacturer category.

Examples: Firms that develop and/or manufacture products used as building materials. Firms that develop and/or manufacture materials or substances that are integrated into building materials.

Ecosystem –

- An organization that provides products and/or services that utilize or produce HPD-related information.

Examples are makers of interpretive tools, consulting services, verification services.

- An organization that works in an advocacy, policy and/or regulatory capacity in areas relevant to the HPD.

2. Is your organization a Government Agency or 501(c)(3) non-profit?

Yes No

***NOTE:** Additional supporting documents may be required. Governmental agencies and NGOs receive a 50% reduction from the HPDC membership fees. The reduction is to be applied upon checkout for credit card payments and/or reflected on the invoice.*

3. Please select the appropriate Membership Category (choose one)

General Member. \$1,500

Affiliate Member. \$500

Membership Participants

General Membership: Five company participants included in membership are the Primary Contact identified above plus 4 additional company representatives. Please identify these other participants below:

Name: _____

Email: _____

Name: _____

Email: _____

401 Edgewater Place, Suite 600
Wakefield, MA 01880
Tel: +1-781 876-8871 Fax: +1 781 623 0530

www.hpd-collaborative.org

Name: _____

Email: _____

Name: _____

Email: _____

Affiliate Membership: Two company participants included in that membership are the Primary Contact identified above and one additional company representative. Please identify the additional participant below:

Name: _____

Email: _____

ADDITIONAL PARTICIPANTS: You are welcome to have more participants from your company for an additional fee.

____ # of Additional Participants \$250 per participant

Note: once you have completed your membership application, you will be given the opportunity to designate individual participants via our online member portal.

Visit www.hpd-collaborative.org/member-benefits for a full list of membership benefits by category

Payment Information

Choose One of the Following Payment Methods

Note: Payment is due within 45 days of submission of the completed application

Credit Card: For Payment via credit card, complete information below and fax to our secure, password protected fax +1 781 623 0530 or mail to above address.

Card Type: __ AMEX __ MC __ VISA __ JCB __ Diners Club __ Discover

Credit Card No. _____

Exp. Date ____ / ____ Billing Zip Code _____ Security Code _____

(4 Digits if AMEX)

Name on Card: _____

Signature: _____

A receipt for your payment will be sent to the Primary Contact, identified above.

SEND INVOICE

401 Edgewater Place, Suite 600
Wakefield, MA 01880
Tel: +1-781 876-8871 Fax: +1 781 623 0530

www.hpd-collaborative.org

Billing Contact

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Membership Acceptance

By signing this Application for Membership the Applicant certifies that it meets the conditions of Membership specified in this Application, and that it has accurately stated the Membership group and category selected above.

The Applicant hereby agrees to payment of annual Membership dues and fees as determined by the Board of Directors. The Applicant at any time and for any reason may choose to withdraw membership from HPDC. Should the Applicant choose to do so, the Applicant should provide an official written notice to HPDC of the intent to discontinue the membership and HPDC will end the membership per the Applicant's request. Applicant acknowledges that membership dues paid for the remaining months of the annual membership period are not refunded if the membership concludes, for any reason, before the end of the annual membership period.

The Applicant consents to the delivery by HPDC of notices to the designated Primary Contact and other contacts listed by email or any other means of electronic transmission from time to time chosen by HPDC.

Authorized Signature:

By: _____
(signature)

Print Name: _____

Title: _____

Date: _____