

IAPMO Technical Committee Membership Application

IAPMO uses the information in this application to determine your qualifications and to assure that IAPMO technical committee appointments are made in a way that ensures that committees will contain a fair balance of interests. Please provide us with as much information as you feel will assist us in the selection process. Feel free to attach additional pages if necessary.

Name of Individual: _____ Title: _____
Employer: _____
Mailing Address: _____
UPS or Other Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-Mail: _____

Please indicate committee for which you are applying:

- Plumbing Technical Committee Swimming Pool, Spa and Hot Tub Technical Committee
 Mechanical Technical Committee Solar Energy & Hydronics Code Technical Committee

Member categories:

- Principal member
 Alternate member. If Alternate, to whom _____
 Non-voting member

Please indicate the interest category (see definitions on page 2) which you believe best suits your qualifications:

- Manufacturer Research/Standards/Testing Laboratory
 User Enforcing Authority
 Installer/Maintainer Consumer
 Labor Special Expert

1. QUALIFICATIONS OF APPLICANT

- a. Provide evidence of your general knowledge and competence in the scope (*work*) of the committee (*please attach résumé*)

- b. What is your specific relationship to one or more elements of the scope of the committee?

- c. Will you be able to actively participate in the work of the committee including responding to correspondence and attending committee meetings?

2. REPRESENTATION Indicate below the name of the entity you would be representing and include written authorization from that entity authorizing you to be their representative:

- _____

- a. Does the organization you would represent have a mechanism for instructing votes? If so, can the time constraints imposed by the Regulations Governing Committee Projects be met?

3. **FUNDING SOURCE(S) FOR YOUR PARTICIPATION**

- a. What person(s) or organization(s) would fund your participation as a committee member, either in whole or in part? (You should list your employer if your participation is funded by your employer or if your participation is part of your employment responsibilities or otherwise related to your employment.)

- b. Background and description of your employer and/or other person(s) or organization(s) funding participation:

4. **ADDITIONAL COMMENTS**

Languages other than English _____

COMPLETE A SEPARATE APPLICATION FORM FOR EACH COMMITTEE ON WHICH YOU DESIRE TO SERVE. IN ORDER TO ASSURE THE PROMPT PROCESSING OF YOUR REQUEST, PLEASE BE SURE TO COMPLETE ALL QUESTIONS AND SIGN THIS APPLICATION.

If appointed, I agree to abide by the rules and guidelines of IAPMO. In addition, I hereby agree to notify the Secretary of the IAPMO Standards Council of a change in status, including change of employment, organization represented, or funding source. I also agree that IAPMO shall have, and I hereby grant, all and full rights in copyright in any material that I author, either individually or with others, as a member of this committee, or that I submit for the proposed use of the committee in an IAPMO code or standard or other IAPMO document. I further acknowledge that I acquire no rights in any publication of IAPMO and that copyright and all rights in all materials produced by IAPMO technical committees are owned by IAPMO and that IAPMO may register copyright in its own name.

I do not now hold and I do not intend to hold any patent, the use of which would be required for compliance with any material that I author – either individually or with others – as a member of this committee, or that I submit for the proposed use of the committee in an IAPMO code or standard or other IAPMO document.

I attest that all of the information on this application is true and accurate.

By signing below, I attest to my ability to communicate with IAPMO staff and the members of the Technical Committee through electronic means, namely via email and the internet.

Signature _____ Date _____

INTEREST CATEGORIES

- (a) **Manufacturer.** A representative of a maker or marketer of a product, assembly or system, or portion thereof that is affected by the document.
- (b) **User.** A representative of an entity that is subject to the provisions of the Document or that voluntarily uses the Document.
- (c) **Installer/Maintainer.** A representative of an entity that is in the business of installing or maintaining a product, assembly, or system affected by the Document.
- (d) **Labor.** A labor representative or employee concerned with safety in the workplace within the scope of the Document.
- (e) **Research/Standards/Testing Laboratory.** A representative of an independent research organization; an organization that develops codes, standards and other similar documents; or an independent testing laboratory.
- (f) **Enforcing Authority.** A representative of an agency or an organization that promulgates or enforces the Document.
- (g) **Consumer.** A person who is or represents the ultimate purchaser of a product, system or service affected by the Document but who is not a User as defined in 3-2.5.1(b).
- (h) **Special Expert.** A person not representing 3-2.5.1(a) through (g) and who has special expertise in the scope of the Document or portion thereof.

