



Affiliation Declaration Form

* denotes required information)			
*Participating Member Name			
*Address			
Address Line 2		*City	
*State	*Zip	*Phone ()
Billing Address (If different than above	e)		
Billing City	Billing State		Billing Zip
Email Address			
Grainger Account Number (9 digit)		_	
Participating Member ID		_	
*Current Affiliation		_	
*Requested Affiliation		-	
The above-named account declares its so purchasing maintenance, repair, and open of W.W. Grainger, Inc. The Participating Nurchasing arrangement or agreement ex Grainger Industrial Supply. The Participating purchase of Grainger products.	rations supplies and equipmer Member declares that no purcl scept the current Agreement b	nt from Grainger In nase of Products is etween	ndustrial Supply ("Grainger"), a division s made under any other group (newly named affiliation) and
Authorized Signature	#		Today's Date
Print Name	<u></u>	Title	
Questions? For more Information plea	ase contact: Harry Centa a	t HCenta@nmr	na org or (440) 262-5336 Fmail/

Fax form to: HCenta@pmpa.org or (440) 262-5336

