



**International Compressor
Remanufacturers Association
Membership Committee**

P. O. Box 127
Upperco, MD 21155
asmith@asapcompressors.com

MEMBERSHIP APPLICATION

Company Name _____

Street Address* _____ PO Box _____

City, State & Zip* _____

Phone No. _____ Fax No. _____ Email _____

Ownership: Individual Corporation Pty., Ltd. Other

Please list all principles and/or partners:

Name _____ Position _____

Home Address _____

Home Phone and/or Cell Phone _____ Spouse's Name _____

Name _____ Position _____

Home Address _____

Home Phone and/or Cell Phone _____ Spouse's Name _____

(If additional space is required, please use separate sheet)

*Address form is that for USA. Countries other than USA please ignore headings and write your address in the order it is usually done for mailing purposes.

MEMBERSHIP APPLICATION (*continued*)

Check the Membership Classification for which you are applying. Since descriptions below are brief, check more than one class if in doubt and ICRA will establish the proper designation.

- Active** Primarily engaged in the remanufacture of refrigeration and/or air conditioning compressors.
- Associate** Primarily a supplier or manufacturer of equipment, parts, or supplies used by active members.
- Allied** Primarily engaged in the supply of remanufactured compressors to contractors, wholesalers, and users and who purchase or represent, as agents, compressors from other than OEM sources.
- Advisory, Affiliate and Honorary** memberships are by invitation only.

It is requested that the following information be supplied as completely as possible:

- Letterhead and business cards
- Brief outline of manufacturing process (complete disassembly, cleaning procedures, qualifying parts reuse, etc.)
- List of remanufacturing equipment (Stator pullers, cleaning tanks, sand (bead) blasting, test methods, bore aligning, grinding (lapping) mills, painting rooms, etc.
- Square footage of remanufacturing area. This is not a requirement for membership. It is more of a statistical factor.
- Number of employees actively engaged in the compressor remanufacturing.
- Copy of your warranty certificate or policy. (A statement of policy is suitable.)

Membership dues for classes shown above are \$550 per year and a check in this amount must accompany the application.

Membership applications with check, photos, descriptions, etc., are to be sent to:

Art Smith
ASAP Compressors
P. O. Box 127
Upperco, MD 21155