



MEMBERSHIP APPLICATION

State Form 56504 (R / 2-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



The Indiana Partners for Pollution Prevention (Partners) Executive Committee appreciates your cooperation in completing this application regarding your pending membership in Partners. In order to become a member of Partners, your company must commit to the Partner's Pledge.

Indiana Department of Environmental Management (IDEM) Office of Program Support (OPS) will conduct internal compliance checks and a Compliance Technical Assistance Program (CTAP) staff member will conduct a non-regulatory site visit for new applicants. If your organization would like to have a confidential site visit prior to applying, please contact CTAP at 1-800-988-7901.

Directions: Please complete the application in as much detail as possible. Contact IDEM's Office of Program Support at (800) 988-7901 with any questions. Completed applications should be submitted via e-mail to partners@idem.IN.gov.

PART I: Applicant Information

Are you applying as an individual facility? Yes No

Yes: Under **Primary Facility and Applicant Information**, please provide information specific to the facility seeking membership.

No: Under **Primary Facility and Applicant Information**, please provide information which represents all of the facilities seeking membership and fill out the appropriate **Secondary Facility Information** tables.

Are you applying as a Corporation? Yes No

Yes: Please ensure that the contact name and information submitted represents all of the facilities.

No: Please proceed with the application.

Primary Facility and Applicant Information	
Name of Applicant <i>(Please list as name is to appear on publications.)</i>	
Employer Identification Number (EIN) (or Federal Identification Number)	
Name of Parent Company <i>(if applicable)</i>	
Street Address <i>(number and street)</i>	City / State / ZIP Code
Website	County
Applicant Contact Name (Required)	Applicant Contact Title
Mailing Address <i>(number and street)</i>	City / State / ZIP Code
E-mail Address	Telephone Number
Secondary Contact Name (Required)	Secondary Contact Title
E-mail Address	Telephone Number

Secondary Facility Information (if applicable)	
Street Address (<i>number and street</i>)	City / State / ZIP Code
Website	County
Street Address (<i>number and street</i>)	City / State / ZIP Code
Website	County
Street Address (<i>number and street</i>)	City / State / ZIP Code
Website	County

Name and Title of Signatory on Certificate (<i>Please note: This person has the authority to dedicate the necessary resources to implement pollution prevention projects in the facility or business practices.</i>)

Company Profile (<i>Please provide a brief, two (2) to three (3) sentence summary of your company that can be used in a press release, should your application be accepted for membership.</i>)

Facility Background
1. Please list your facility's North American Industrial Classifications System (NAICS) codes you use to classify business at your facility. _____
2. What do you do / produce at your facility?
3. How long have you been in operation?
4. How many employees (full-time equivalents) currently work at your facility?
5. If there is something else you would like to tell us about your facility (e.g., receipt of environmental awards, participation in other voluntary programs at the local, tribe, state, or federal level) please describe them here.

Continued on Next Page.

PART II: Committing to the Partner’s Pledge

Please answer the questions in this section regarding your organization’s pollution prevention (P2) efforts. For non-manufacturing organizations, such as consulting firms or non-profits, please consider your own organization’s P2 activities, as well as projects that you may design or implement for or with your clients and other partners. For example: there are often P2 opportunities with office activities, fleet management, building maintenance, etc.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	1. Will your organization inform employees of its commitment to P2 and will employees understand their role in implementing P2 objectives and goals? <i>If yes, explain how. If no, note barriers.</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Will P2 planning be incorporated in the development of new products, processes and/or services? <i>If yes, explain how. If no, note barriers.</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. Will a mechanism be established to monitor the generation of wastes and identify P2 goals? <i>If yes, in what ways? If no, note barriers.</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. Will a process be established to listen and respond to stakeholder concerns? <i>If yes, explain how. If no, note barriers.</i>
<input type="checkbox"/>	<input type="checkbox"/>	5. Will waste generation data and P2 efforts be made available to members of the community upon request? <i>If yes, explain how. If no, note barriers.</i>
<input type="checkbox"/>	<input type="checkbox"/>	6. Will an outreach program be established for promoting and supporting P2 efforts that includes at least one of the following? <input type="checkbox"/> Share your experiences and techniques with customers, suppliers and other industries; <input type="checkbox"/> Make available and/or support P2 educational workshops; <input type="checkbox"/> Participate in two (2) or more Partners meetings annually; <input type="checkbox"/> Assist local and state governments and others in establishing P2 programs that will benefit the citizens of Indiana and the communities in which your organization operates.
<input type="checkbox"/>	<input type="checkbox"/>	7. Will your organization support the Annual Indiana P2 Conference and Trade Show (i.e., send at least one attendee, be a vendor, sponsor planning costs, donate money)? <i>If yes, how? If no, note barriers.</i>
<input type="checkbox"/>	<input type="checkbox"/>	8. Will your company sponsor or participate in any community based P2 outreach activities in the upcoming year? <i>If yes, explain. If no, note barriers.</i>