

**CANDIDATE BOTTLER PROGRAM**

IBWA Candidate Bottlers are companies that bottle or package water within the United States who are not yet prepared to submit to the annual inspection required for IBWA Bottler members. The purpose of this program is to assist Candidate Bottlers in achieving compliance with all FDA and IBWA Bottler member inspection requirements. It allows a bottler to work through a **two-year program**, which includes a consultative visit from an IBWA-approved, third-party inspection company. Once a Candidate Bottler's facility meets the standards of the IBWA Bottled Water Code of Practice, the company will transfer to Bottler membership.

Total payment of the minimum bottler dues and consultation fee for new members is due at the time of application. For renewing members, to guarantee uninterrupted member services, the fees must be received at IBWA headquarters no later than **January 31, 2016**.

**NEW DUES STRUCTURE FOR THE CANDIDATE BOTTLER PROGRAM**

During its annual business meeting in November 2014, the IBWA membership approved a change in the IBWA bylaws which allows for the implementation of dues for the candidate bottlers to begin January 1, 2015. Those dues will be in addition to the inspection fees. The new dues are as follows:

**1. Year 1**

Dues fees of \$3,075.00 (which represent 1/2 of minimum dues for a Bottler member), plus the cost of inspection, for the first year that a company participates in the Candidate Bottler Program.

**2. Year 2**

Dues fees of \$4,612.00, (which represent 3/4 of minimum dues for a Bottler member) plus the cost of inspection, for the second year that a company participates in the Candidate Bottler Program.

**I. CONTACT INFORMATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip or Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Website \_\_\_\_\_

*(The IBWA website lists all member company websites and provides hyperlinks to those sites)*

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Customer/Consumer Information Number \_\_\_\_\_

**COMPANY CONTACTS**

**Primary Representative** \_\_\_\_\_

*(Primary contact person to receive all communications from IBWA, including renewal notices and industry alerts)*

Title \_\_\_\_\_

Direct Dial Number/Extension \_\_\_\_\_ Direct Fax \_\_\_\_\_

Email Address \_\_\_\_\_



# 2016 IBWA Candidate Bottler Program Dues Form

**Alternate Representative** \_\_\_\_\_  
*(Additional company employee to receive communications from IBWA as part of the membership)*

Title \_\_\_\_\_

Direct Dial Number/Extension \_\_\_\_\_ Direct Fax \_\_\_\_\_

Email Address \_\_\_\_\_

*Please find a separate sheet on page 6 if you would like to designate additional representatives to receive information and IBWA publications*

## II. COMPANY INFORMATION

*(Company information and information about gross sales are confidential and will be used by IBWA only in aggregate form with information from other IBWA members, when advocating for the bottled water industry with legislators and regulators)*

Number of Employees \_\_\_\_\_

Bulk water (tanker truck) seller?  Yes  No

Private label bottler?  Yes  No

Home and Office Delivery Provider?  Yes  No

My 2015 Gross Sales were: \_\_\_\_\_

## III. CANDIDATE BOTTLER FEES

Annual Bottler Dues	Amount
<input type="checkbox"/> First Year	\$3,075.00
<input type="checkbox"/> Second Year	\$4,612.00

The IBWA-approved third-party inspection vendors to conduct your annual plant consultation are:

Inspection Company	Consultation Fee
<input type="checkbox"/> Eagle Certification Group	\$1,500.00
<input type="checkbox"/> Eurofins Scientific, Inc.	\$1,400.00
<input type="checkbox"/> NSF International	\$1,795.00

## IV. PAYMENT INFORMATION

- A. Annual Dues \$ \_\_\_\_\_
- B. Consultation Fee \$ \_\_\_\_\_
- C. Voluntary Contribution to the Drinking Water Research Foundation (DWRF) \$ \_\_\_\_\_
- D. **TOTAL AMOUNT ENCLOSED- ANNUAL DUES + CONSULTATION FEE+DWRF** **\$ \_\_\_\_\_**  
*(If paying by check, make check payable to IBWA; U.S. funds only)*

**PAYMENT TYPE – SELECT ONE**

(Due to rising processing costs, we would greatly appreciate your payment by check, when possible)

Check enclosed \_\_\_\_\_

Credit card \_\_\_\_\_

**IBWA currently accepts the following credit cards for payment of membership dues:**

MasterCard       Visa       American Express       Discover

Please check the name of the card you are using and complete the information below.

Amount to be charged	\$ _____
Card Number	_____
Expiration Date	_____
Cardholder's Signature	_____
Cardholder's Name (please print)	_____

**GENERAL INFORMATION**

- Contributions to the Drinking Water Research Foundation (DWRP) are deductible as charitable donations for Federal Income Tax purposes. IBWA tax ID #25-1124210

Payment of the above fees indicates agreement by the company to abide by the IBWA Bylaws and other rules. All sales and other information provided will be kept in the strictest confidence.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**IBWA Sponsoring Member** \_\_\_\_\_

**SEND YOUR COMPLETED DUES FORM ALONG WITH PAYMENT TO THE IBWA MEMBERSHIP DEPARTMENT:**

<b><u>By</u></b>	<b>IBWA</b>	<b><u>By</u></b>	<b>703-683-4074</b>	<b><u>By</u></b>	<b>ibwainfo@bottledwater.org</b>
<b><u>mail:</u></b>	<b>1700 Diagonal Road Suite 650</b>	<b><u>fax:</u></b>		<b><u>email:</u></b>	
	<b>Alexandria, VA 22314</b>				

**For membership questions, contact the IBWA Membership Department at 703-647-4615.**

*(if referred by a current IBWA member)*

**NOTE: MEMBERSHIP DUES ARE PAYABLE ON JANUARY 1 OF EACH YEAR**

**V. IBWA POLITICAL ACTION COMMITTEE AUTHORIZATION TO SOLICIT**

- We have read the IBWA “Why a PAC?” flyer and are enclosing a signed IBWA PAC Authorization to Solicit form for our company. *We understand that giving IBWA the Authorization to Solicit does not require any of our employees to make a contribution to the IBWA PAC.*

**VI. TYPES OF WATER SOLD** *(check all that apply)*

<input type="checkbox"/> Artesian Well Water	<input type="checkbox"/> Well Water
<input type="checkbox"/> Flavored	<input type="checkbox"/> Purified/Drinking Water (please select the type of purified water from the list below)
<input type="checkbox"/> Fluoridated	<input type="checkbox"/> Deionized
<input type="checkbox"/> Mineral Water	<input type="checkbox"/> Distilled
<input type="checkbox"/> Sparkling	<input type="checkbox"/> Remineralized
<input type="checkbox"/> Spring Water	<input type="checkbox"/> Reverse Osmosis

**VII. BRANDS**

List all of the proprietary/house brands your company produces, and specify which brands have added fluoride, as indicated on the label. Type or print clearly.

Company Brand	Container Size	Type of Container (PET, LDPE, Glass, Aseptic, etc.)
1.		
2.		
3.		
4.		
5.		
6.		

*Attach a separate sheet if necessary to list all of the brands your company produces*

Upon completion of the Candidate Bottler Program and attaining full Bottler membership, bottlers must comply with the following *Conditions of Membership for Bottler Members*.

**CONDITIONS OF MEMBERSHIP FOR BOTTLER MEMBERS**

In applying for or renewing bottler membership and as a condition precedent to membership, I hereby voluntarily acknowledge, agree and consent:

1. That each of my company's bottling plants located within the United States meets the sanitation and drinking water safety standards of bottler membership as adopted by IBWA and as may be modified by its Board of Directors from time to time (a copy of which has been distributed to the membership.)
2. To allow each of my company's bottling plants to be inspected annually by a private, independent inspection agency, approved by IBWA for the purpose of determining whether said plant(s) meets the minimum sanitation and drinking water safety standards of bottler membership as adopted by IBWA.
3. For any plant(s) whose initial annual inspection indicates that it fails to meet said sanitation and drinking water safety standards of bottler membership, to demonstrate compliance at my company's expense through a re-inspection, if determined by IBWA to be necessary, or other means of demonstrating compliance to occur within 30 days of notice from IBWA that said plant does not meet the aforesaid standards of bottler membership.
4. That final approval of my application or renewal for bottler membership and continuation of said membership thereafter from year to year shall be contingent on (a) allowing the annual plant inspection and any re-inspection or other appropriate follow-up means of demonstrating compliance determined to be necessary by IBWA, as required by paragraphs (2) and (3) herein; (b) obtaining and maintaining thereafter the necessary passing score for said inspection or any necessary re-inspection in accordance with IBWA's standards of bottler membership, and (c) compliance with all other provisions of IBWA's Bylaws published in the IBWA Roster.

I comply with the current policy with regard to the use of the IBWA logo and the associated statements and agree to the indemnity and release language set forth on the application form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 2016 IBWA Candidate Bottler Program Dues Form

If there are additional employees that you would like to receive IBWA News Splash, the Bottled Water Reporter magazine, and other announcements, please provide their contact information in the spaces available below. There is no limit to the number of additional contacts that can be provided to IBWA, so feel free to attach additional sheets of contact information, if needed.

All additional contacts do not have to be located at the same address. For more Additional Contact sheets, go to: <http://www.bottledwater.org/membership/dues-renewal>, or make a copy of this page.

### Additional Company Contacts

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Direct Dial Number/Extension \_\_\_\_\_ Direct Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Direct Dial Number/Extension \_\_\_\_\_ Direct Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Direct Dial Number/Extension \_\_\_\_\_ Direct Fax \_\_\_\_\_  
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