

COMPANY NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

Company Size*	Annual Fee
5 or fewer employees:	\$ 1,100**
10 or fewer employees:	\$ 2,400
11-99 employees:	\$ 4,800
100 - 499 employees:	\$ 7,200
500 - 4999 employees:	\$ 9,600
5000+ employees:	\$12,000

\* Total worldwide headcount  
 \*\*Reduced benefits

Annual fee due with application: \$ \_\_\_\_\_  
 Note: Fee returned if not approved

**Payment Method:**

- Check payable to Hydraulic Institute enclosed  
 VISA     MasterCard     American Express

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CARD SECURITY CODE (CVV) \_\_\_\_\_

**Administrative Contact Information**

(Complete separate Technical Areas of Expertise Forms for engineers with pump & pumping systems expertise.)

PRIMARY CONTACT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS (if different from address in left column) \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**BILLING CONTACT NAME**

TITLE \_\_\_\_\_

ADDRESS (if different from address in left column) \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**WEBSITE CONTACT NAME**

TITLE \_\_\_\_\_

ADDRESS (if different from address in left column) \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**NOTE:** Form continues on reverse. Both sides must be completed in full. Mail application to address below.

## ELIGIBILITY

Corporations, partnerships, sole proprietorships and government agencies with offices in North America that are engineering firms, or provide engineering services, or are end-users of pumps may participate as a “Hydraulic Institute Standards Partner.” To be eligible the organization must meet either of the following two criteria:

1. Must provide pump and pumping system engineering, process, or facility design, procurement, project management, construction services, hydraulic or mechanical modeling, analytical methods, or laboratory or field testing to a facility owner, government, or vendor.
2. Must be an end-user of pumps.

## EXCLUSIONS:

Corporations which are eligible to join the Hydraulic Institute as Members or Associate members are not eligible to become HI Standards Partners, but are encouraged to apply for membership. Companies whose primary business is the distribution or reselling of pumps or related pumping equipment are not eligible for the Standards Partner program.

## PARTICIPATION:

Any designated full-time employee of a Standards Partner company, with appropriate expertise, may be eligible to participate in HI standards or guidelines writing committees. Each participant must complete a Technical Areas of Expertise Form available for download at [www.pumps.org/StandardsPartner](http://www.pumps.org/StandardsPartner).

## ACKNOWLEDGEMENT

I have read and attest that our organization meets the eligibility requirements as described herein and will comply with the requirements and participation guidelines outlined above and Membership section of the HI Web site ([www.pumps.org](http://www.pumps.org)). I understand that joining as an HI Standards Partner does not imply membership in the Hydraulic Institute nor does it imply that HI Standards Partners receive preferential advantage over others in the selection to participate in review and final approval of ANSI/HI standards during the ANSI Canvass Review process. Standards Partners are, however, encouraged to actively participate in HI Committees, and attend HI conferences, contributing their unique knowledge and expertise to the drafting and editing HI standards, guidelines and white papers developed under HI procedures as well as reviewing and resolving comments that HI receives during the ANSI Canvass Review process. In submitting this application our organization agrees to abide by the Antitrust Guidelines as presently constituted and as may be amended from time to time.

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Name and Title of Chief Executive Officer

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Signature of Chief Executive Officer

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Date of Application