



QualityPro Application

Authorized Company Representative _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Company Web Site _____

How long has your company been in business? _____

In Quebec, I hereby acknowledge that I have requested and am satisfied that this Quality Pro Application be drawn up in the English language. Je reconnais avoir requis que le/la présent(e) Quality Pro Application soit rédigé(e) en anglais.

Signature* _____ Title _____

Date: _____

*Signing here means that you have read and agreed to the terms of QualityPro membership outlined on the back of this form. To be considered for QualityPro, you must be a current member of NPMA and have been in business for a minimum of two years.

Check here if you wish to enroll in **QualityPro Schools** as well as **QualityPro**. There is no additional registration fee, however you must meet the requirements of QualityPro Schools, which include additional testing and training of your employees.

Upon receipt of this application, NPMA will provide you with a package of materials and an affidavit stating that you have complied with all of the QualityPro Qualifications. When you return the affidavit, and after appropriate review of your materials, you will be notified of the QualityPro committee decision by mail. If you become QualityPro, we will send you a certificate and marketing materials in the mail. In the event that you are deemed ineligible for QualityPro at this time, your application fee will be refunded minus a \$150 processing fee.

NPMA reserves the right to withhold "QualityPro" approval to any company who shows a continuous pattern of willfully and intentionally violating or showing disregard for applicable laws and regulations. QualityPro will provide one free user manual and support materials for each \$100 in fees. Also included in the fee is all support material needed to become QualityPro certified.

QualityPro Fees

The application and annual costs are based on sales volume according to this schedule

| | |
|----------------------------------|-------------|
| \$500,000 or less | \$250 fee |
| \$500,001-\$1,000,000 | \$500 fee |
| \$1,000,001-2,500,000 | \$750 fee |
| \$2,500,001-\$5,000,000 | \$1,000 fee |
| \$5,000,001-\$15,000,000 | \$1,500 fee |
| \$15,000,001-\$25,000,000 | \$2,500 fee |
| \$25,000,001-\$50,000,000 | \$3,500 fee |
| \$50,000,001-\$100,000,000 | \$5,000 fee |
| \$100,000,000 and above..... | \$7,500 fee |

Payment

VISA MasterCard American Express

Card Number _____

Cardholder Name _____

Amount Due (see fee schedule at left): \$ _____

Exp. date _____

Signature _____

Return form to QualityPro at: 10460 North Street, Fairfax, VA 22030
Phone 703-352-NPMA Fax 703-352-3031 (6762) www.npmaqualitypro.org