



Automotive Occupant Restraints Council

APPLICATION

The undersigned hereby applies for admission to the **Automotive Occupant Restraints Council** as a:

SYSTEMS MANUFACTURER _____
MATERIALS MANUFACTURER _____

COMPONENTS MANUFACTURER _____
SPONSORING MEMBER _____

If elected to membership, the applicant agrees to comply with the mission and objectives of the Council; to observe all principles of ethics; and of all times, to promote the welfare of the Council and of the industry.

COMPANY NAME: _____
MAILING ADDRESS: _____
TELEPHONE: _____ / FAX: _____
EMAIL: _____

Products manufactured, materials provided, or interests pursued by this company that come within the scope of the Automotive Occupant Restraints Council:

Name of company representatives to serve as primary Voting Member and committee members:

Voting Member: _____ Email _____

Committee Representatives:

Public Affairs Committee: _____ Email _____

Government Affairs Committee: _____ Email _____

Inflatable Restraints Technical Committee: _____ Email _____

Interior Systems/Occupant Safety Committee: _____ Email _____

Sensing and Active Safety Committee: _____ Email _____

Committee on Occupant Ejection Protection: _____ Email _____

Seat Belt Technical Committee: _____ Email _____

Air Bag Inflator Recycling/Disposal Committee: _____ Email _____

Safety, Health and Environmental Committee: _____ Email _____

UN Air Bag Transportation & Classification Committee: _____ Email _____

Systems Performance & Numerical Analysis Committee: _____ Email _____

Authorized Signature: _____ Date: _____

Title: _____

Complete, sign and return this application to:
Jill Mulholland, Council Administrator
AUTOMOTIVE OCCUPANT RESTRAINTS COUNCIL
1081 Dove Run Road - Suite 403
Lexington, KY 40502
TEL: 859 / 269-4240 • FAX: 859 / 269-4241
Email: info@aorc.org