



Benefits Registration

1. Mailing Address:

Name: _____
 Company: _____
 Address 1: _____
 Address 2: _____
 City: _____ State/Prov.: _____
 Postal Code: _____ Country: _____

2. Contact Information:

Work Phone: _____
 Alternate Phone: _____
 Fax: _____
 Email: _____

3. Demographic Information: *(Required – please complete items below)*

A. POSITION CLASSIFICATION (Check primary only)

- | | |
|--|--|
| <input type="checkbox"/> Management/Administration (A) | <input type="checkbox"/> Sales and Marketing (F) |
| <input type="checkbox"/> Manufacturing and Engineering (B) | <input type="checkbox"/> Consulting (G) |
| <input type="checkbox"/> Quality Control (C) | <input type="checkbox"/> Education (H) |
| <input type="checkbox"/> Research and Development (D) | <input type="checkbox"/> Librarian/Other (I) |
| <input type="checkbox"/> Technical Sales/Service (E) | (please specify) _____ |

B. COMPANY CLASSIFICATIONS (Check all that apply)

- | | |
|---|---|
| Manufacturer of
<input type="checkbox"/> Liquid Paints (A1)
<input type="checkbox"/> Varnish and Lacquer (A2)
<input type="checkbox"/> Printing Inks (A3)
<input type="checkbox"/> Sealants and Caulks (A4)
<input type="checkbox"/> Adhesives (A5)
<input type="checkbox"/> Powder Coatings (A6)
<input type="checkbox"/> UV/Radiation Curable Coatings (A7)
<input type="checkbox"/> Raw Materials (B)
<input type="checkbox"/> Equipment and Containers (C)
<input type="checkbox"/> Construction Chemical Intermediates (L) | Sales Agent for
<input type="checkbox"/> Equipment (D1)
<input type="checkbox"/> Raw Materials (D2)
<input type="checkbox"/> Government Agency (E)
<input type="checkbox"/> Research/Testing/Consulting (F)
<input type="checkbox"/> Educational Institution/Library (G)
<input type="checkbox"/> Paint Consumer (H)
<input type="checkbox"/> Environmental Affairs (I)
<input type="checkbox"/> Computer Software/Services (K)
<input type="checkbox"/> Other (J)
(please specify) _____ |
|---|---|

C. PRIMARY COMPANY CLASSIFICATION (Circle only one)

Which one of the above company classifications best describes your company?

A1 A2 A3 A4 A5 A6 A7 B C D E F G H I J K L

4. Username/Password for Web Access:

Username: _____

Password : _____

5. Signature and Date: *(Required)*

Signature: _____

Date: _____

Registering for benefits entitles employees of ACA member companies to an annual print and digital subscription to CoatingsTech and online access to the Journal of Coatings Technology (JCTR) and Research. For information on print subscriptions for JCTR, contact members@paint.org.

American Coatings Association

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