

MEMBERSHIP APPLICATION



COMPANY _____

STREET ADDRESS _____ CITY _____ ST/PROV _____ ZIP/POSTAL CODE _____ COUNTRY _____

MAILING ADDRESS _____ CITY _____ ST/PROV _____ ZIP/POSTAL CODE _____ COUNTRY _____

PHONE _____ WEBSITE _____

KEY CONTACT _____ BIRTHDATE _____ TITLE _____ EMAIL _____

1. **(CONTRACTORS ONLY)** IS YOUR COMPANY: UNION NON-UNION
2. HOW DID YOU HEAR ABOUT US? MEMBER BUSINESS ASSOCIATE CHAPTER PROMOTION NICET WEB TRADE SHOW PUBLICATION ADVERTISEMENT

MEMBERSHIP OPTIONS

Please Note: Contractor and Associate dues are calculated by gross annual sales from the previous year and apply to the entire company not just a specific operating division. All gross revenue figures are identified on an honor system and maintained only by the Association's staff.

AHJ	NO CHARGE
DESIGNER / ENGINEER	\$100 / YEAR
CONTRACTOR / ASSOCIATE	\$200 / YEAR

STATEMENT BY APPLICANT: I attest to the accuracy of the information in this application and the fact that I am an installing contractor of fire sprinkler systems; manufacturer of fire sprinklers or national or local supplier to the fire sprinkler industry. I agree to accept the AFSA Board of Directors' decision on this application and, if approved for membership, to do all in my power to maintain and enhance the professionalism of the fire sprinkler industry.

SIGNATURE OF KEY CONTACT _____ DATE _____

(MUST MATCH KEY CONTACT PERSON ABOVE)

PAYMENT

Membership is a full year commitment.
No refunds are available for membership dues.

COMPANY CHECK (one year's dues paid in full) MASTERCARD VISA DISCOVER AMEX

CARD # _____ EXP. DATE ____/____/____ CW2 # _____

PRINT NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS _____ CITY _____ ST/PROV _____ ZIP/POSTAL CODE _____ COUNTRY _____

BILLING CYCLE ANNUALLY

I hereby authorize Alberta Chapter, American Fire Sprinkler Association, Inc. to charge annual dues amount to my credit card account as checked to fulfill my full year dues commitment.

Authorized Signature _____ Title _____ Date _____

EMAIL COMPLETED APPLICATIONS TO: upstatenyafsa@gmail.com
MAIL APPLICATION & CHECKS TO: 860 Glen Road, Rochester, New York 14610, United States