

AFSA Membership Application Contractor • Associate



(Please Type or Print)

item code:

Company _____	Date _____	
Street address _____	City _____	State/Province _____
Zip/Postal Code _____	Country _____	
Mail Address _____	City _____	State/Province _____
Zip/Postal Code _____	Country _____	
Phone #1 _____	Phone #2 _____	Fax # _____
Co. Email Address _____	Co. Web Address _____	

Company Contacts

Name #1 will be the Main Contact and will receive all AFSA correspondence

	Title	Preferred 1st Name	Unique Personal Email (must have for member access to AFSA website)
Name 1 _____	_____	_____	_____
Name 2 _____	_____	_____	_____
Name 3 _____	_____	_____	_____

Categories

Contractor Information

- | | | |
|--|--------------------------------|------------------------------------|
| 1) Is your company: Union or Nonunion? | <input type="checkbox"/> UNION | <input type="checkbox"/> NON-UNION |
| 2) Does your company install 13-D (one-two family) residential systems? (If yes, you will be listed on our website as a residential installer.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Is 5% or more of your company owned by another contractor member of AFSA or does your company own 5% or more of a contracting company that is currently a member of AFSA? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

AFSA Member Sponsor (Optional)

Name _____ Company _____

Chapter _____

Company Profile

Please PRINT or TYPE short description of your company's products, services or abilities, using 50 words or less, in the space provided below.

How Did you hear about us? (Optional)

AFSA Member	Business Associate	Local Chapter	AFSA Member Promotion	NICET	Web Search (ie. Google, Yahoo)
Trade Show	Trade Publication	Other _____			

Company Type (check one)

- Contractor Associate

New Member Introduction to AFSA Dues Amount

(Check one) **Annual Sales** **1st Year Amount** **Dues Code**

- Less than \$10,000,000 \$400 A**
- Greater than \$10,000,000 \$1000 B**

This special one-year membership gives first-time members an opportunity to experience and learn more about the association. New members can check out AFSA at a reduced dues amount and receive 100% of all member benefits during the first year. Second year membership will renew at the appropriate dues (see the table below).

<i>2nd Year Category</i>	<i>Annual Sales</i>	<i>Dues</i>
<i>I</i>	<i>Less than \$ 500,000</i>	<i>\$ 600.00/yr.</i>
<i>II</i>	<i>\$ 500,000 - \$ 999,999</i>	<i>\$ 1,200.00/yr.</i>
<i>III</i>	<i>\$ 1,000,000 - \$ 2,999,999</i>	<i>\$ 1,800.00/yr.</i>
<i>IV</i>	<i>\$ 3,000,000 - \$ 4,999,999</i>	<i>\$ 2,400.00/yr.</i>
<i>V</i>	<i>\$ 5,000,000 - \$ 9,999,999</i>	<i>\$ 3,500.00/yr.</i>
<i>VI</i>	<i>\$10,000,000 - \$14,999,999</i>	<i>\$ 5,000.00/yr.</i>
<i>VII</i>	<i>\$15,000,000 - \$19,999,999</i>	<i>\$ 7,500.00/yr.</i>
<i>VIII</i>	<i>\$20,000,000 - \$29,999,999</i>	<i>\$10,000.00/yr.</i>
<i>IX</i>	<i>more than \$30,000,000</i>	<i>\$20,000.00/yr.</i>

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 Main Contact _____ Date _____
 (Must match Name #1 on first page of application.)

Method of payment

For your convenience AFSA offers several ways to pay your annual membership dues. You may pay the annual amount by check or you may use your MasterCard or Visa card. If paying by credit card, you can pay monthly, quarterly, semi-annually or annually. (Note: You are obligated for the payment of a full year's membership dues but may pay by installments on your credit card.)

- Company Check (one year's dues paid in full), checks must be payable to AFSA in U.S. Funds, drawn on a U.S. Bank.
- MasterCard VISA Discover

Card # _____ Exp. Date ____/____ CVV2 # _____

Print Name as it appears on card _____

Billing Address _____

Billing City _____ Billing State _____ Billing Zip _____

Billing Country _____

Billing Cycle

- Monthly Quarterly Semi-annually Annually

I hereby authorize American Fire Sprinkler Association, Inc. to charge annual dues amount to my MasterCard/Visa account periodically as checked to fulfill my full year dues commitment.

Authorized Signature _____ Title _____

Please return your completed application and check or payment instructions to the AFSA, c/o Wells Fargo Bank, P.O. Box 200201, Dallas, TX 75320-0201. If paying by credit card, FAX to: (214) 343-8898. For further information call AFSA at (214) 349-5965. Notice: Dues payments are deductible by members as an ordinary and necessary business expense. However, contributions or gifts to American Fire Sprinkler Association, Inc. are not deductible as charitable contributions for federal income tax purposes.