

# AFSA Membership Application Contractor • Associate



(Please Type or Print)

item code: INT

Company _____	Date _____	
Street address _____	City _____	State/Province _____
Zip/Postal Code _____	Country _____	
Mail Address _____	City _____	State/Province _____
Zip/Postal Code _____	Country _____	
Phone #1 _____	800 # _____	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	Email
Name 1 _____			
Name 2 _____			
Name 3 _____			

## Categories

### Contractor Information

1) Is your company: Union or Nonunion?  UNION  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.)  YES  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?  YES  NO

4) Other associations to which you belong: (circle) ABC, AGC, ASA, Others: \_\_\_\_\_

5) For Training Department Use (This information is confidential for AFSA use only)  
How many people do you employ in each of these categories?  
\_\_\_\_\_ Designers \_\_\_\_\_ Estimators \_\_\_\_\_ Fitters \_\_\_\_\_ Apprentices \_\_\_\_\_ Laborers

### Associate Information

The Associate category is for firms that manufacture or sell automatic sprinkler devices, auxiliary equipment, insurance companies and providers of other services to the industry. Which best describes your operation?

Manufacturer  Manufacturer's Sales Rep  Independent Sales Rep  Other \_\_\_\_\_

## AFSA Member Sponsor (Optional)

Name \_\_\_\_\_ Company \_\_\_\_\_  
Chapter \_\_\_\_\_

## Membership Directory Information

Please PRINT or TYPE short description of your company's products, services or abilities, using 50 words or less, in the space provided below. As a special service, a directory listing the products and/or services your company offers is mailed annually to AFSA members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Miscellaneous Information

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1) Please circle if you are willing to serve on any of the following AFSA Committee(s).

- |                             |                                    |                                   |                        |
|-----------------------------|------------------------------------|-----------------------------------|------------------------|
| 1) Apprenticeship/Education | 4) Legislative                     | 7) Membership/Chapter Development | 10) Technical Advisory |
| 2) Convention               | 5) Long-Range Planning             | 8) Publications/Public Awareness  |                        |
| 3) Insurance                | 6) Manufacturers/Suppliers Council | 9) Safety                         |                        |

2) What is your main reason for joining? (circle one answer)

- |                        |                          |                            |                 |
|------------------------|--------------------------|----------------------------|-----------------|
| 1) Insurance           | 4) Design School         | 7) Legislation/Licensing   | 10) Other _____ |
| 2) Union Activity      | 5) Convention            | 8) Publication/Information |                 |
| 3) Apprentice Training | 6) Chapter Participation | 9) Technical Information   |                 |

3) How did you hear about AFSA? 1) member referral 2) advertisement 3) other \_\_\_\_\_

4) Do you want to receive Sprinkler Age magazine at no extra charge? Yes No

## Dues (check one)

Contractor  Associate

Contractor and Associate dues schedules are a sliding scale that reflects member sales volumes to the sprinkler industry.

Please Check One:	Gross Sales	Dues
I <input type="checkbox"/>	Annual Sales of..... Less than \$ 500,000 .....	\$ 600.00/yr.
II <input type="checkbox"/>	Annual Sales of..... \$ 500,000 - \$ 999,999 .....	\$ 1,200.00/yr.
III <input type="checkbox"/>	Annual Sales of..... \$ 1,000,000 - \$ 2,999,999 .....	\$ 1,800.00/yr.
IV <input type="checkbox"/>	Annual Sales of ..... \$ 3,000,000 - \$ 4,999,999 .....	\$ 2,400.00/yr.
V <input type="checkbox"/>	Annual Sales of..... \$ 5,000,000 - \$ 9,999,999 .....	\$ 3,500.00/yr.
VI <input type="checkbox"/>	Annual Sales of..... \$10,000,000 - \$14,999,999 .....	\$ 5,000.00/yr.
VII <input type="checkbox"/>	Annual Sales of..... \$15,000,000 - \$19,999,999 .....	\$ 7,500.00/yr.
VIII <input type="checkbox"/>	Annual Sales of..... \$20,000,000 - \$29,999,999 .....	\$10,000.00/yr.
IX <input type="checkbox"/>	Annual Sales of..... more than \$30,000,000 .....	\$20,000.00/yr.

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

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Print Name as it appears on card \_\_\_\_\_

Bill Card:

- 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.