



FRSA Membership Application

Firm Name _____

Primary Contact _____ Title _____

License Number(s) _____ Date Established _____

Address _____

City _____ State _____ Zip _____ County _____

Office Phone _____ Fax _____ Email _____

Home Address _____ Spouse _____

Membership Sponsor's Name _____ New Member's Website _____

Contractor Membership

Dues Schedule (Check One)

- Volume Less Than \$250,000 \$ 530 _____
- Volume \$250,000 - \$1 Million \$ 655 _____
- Volume \$1 Million - \$3 Million \$ 830 _____
- Volume over \$3 Million \$ 1,000 _____

Type of Contractor Business (Check One)

- Roofing _____
- Sheet Metal _____
- Air Conditioning _____

Associate Membership

Dues Schedule (Check One)

- Manufacturer \$ 1,115 _____
- Distributor (1 location) \$ 830 _____
- Distributor (2 or more locations) \$ 1,000 _____
- Manufacturer's Rep. (1 person firm) \$ 530 _____
- Manufacturer's Rep. (more than 1 person firm) \$ 780 _____
- Consultant (1 person firm) \$ 530 _____
- Consultant (more than 1 person firm) \$ 780 _____
- Other Industry Provider \$ 780 _____
- Government & Non-Profit Organization \$ 140 _____

Please enclose check or credit card information with application.

To pay by credit card: ___ M/C ___ Visa ___ AmEx Expiration: _____ Security Code: _____

Name on card: _____

Credit Card Billing Address: _____

Card number: _____ Amount: _____

Signature: _____

Mail to: FRSA, PO Box 4850, Winter Park, FL 32793 (ATTN: Membership)
Phone: 407-671-3772 (ext 142) Fax: 407-679-0010

Signature of FRSA Executive Director _____