

FRSA Membership Application

Firm Name _____

Primary Contact _____ Title _____

License Number(s) _____ Date Established _____

Address _____

City _____ State _____ Zip _____ County _____

Office Phone _____ Fax _____ Email _____

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

Contractor Membership

Take \$50 off your first year's dues.

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 with application.

Mail to: FRSA, PO Box 4850, Winter Park, FL 32793 (**ATTN:** Ann Marie Cargo)

Phone: 407- 671-3772 (ext 142) **Fax:** 407-679-0010

Signature of FRSA Executive Director _____