



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	\$ 610	_____
Volume \$250,000 - \$1 Million	\$ 755	_____
Volume \$1 Million - \$3 Million	\$ 960	_____
Volume over \$3 Million	\$ 1,155	_____

Type of Contractor Business (Check One)

Roofing _____ Sheet Metal _____ Air Conditioning _____

Associate Membership

Dues Schedule (Check One)

Manufacturer	\$ 1,290	_____
Distributor (1 location)	\$ 960	_____
Distributor (2 or more locations)	\$ 1,155	_____
Manufacturer's Rep. (1 person firm)	\$ 610	_____
Manufacturer's Rep. (more than 1 person firm)	\$ 900	_____
Roofing Consultant (1 person firm)	\$ 610	_____
Roofing Consultant (more than 1 person firm)	\$ 900	_____
Other Industry Provider	\$ 900	_____
Government & Non-Profit Organization	\$ 160	_____

Please enclose check or credit card information with application.

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

Name on card: _____ Amount: _____

Credit Card Billing Address: _____

Card number: _____ Signature: _____

Email receipt to: _____

Are you interested in receiving information about your local Affiliate? _____

Mail to: FRSA, PO Box 4850, Winter Park, FL 32793 **Attn:** Maria Armas
 Phone: 800-767-3772 (ext 142) Fax: 407-679-0010 Email: maria@floridarooft.com

Signature of FRSA Executive Director _____ 10/1/15