



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 _____

Yes, I belong to _____ FRSA Affiliate. Please take \$50 off my membership dues amount.

Contractor Membership

Dues Category (Check One)

Volume Less Than \$1 Million	\$ 795 _____
Volume \$1 Million - \$4 Million	\$ 1,000 _____
Volume \$5 Million - \$10 Million	\$ 1,195 _____
Volume over \$10 Million	\$ 1,950 _____

Type of Contractor Business (Check One)

Roofing _____ Sheet Metal _____ Air Conditioning _____

Associate Membership

Dues Category (Check One)

Manufacturer	\$ 1,355 _____
Distributor (1 location)	\$ 1,010 _____
Distributor (2 or more locations in US)	\$ 1,200 _____
Manufacturer's Rep. (1 person firm)	\$ 640 _____
Manufacturer's Rep. (more than 1 person firm)	\$ 945 _____
Roofing Consultant (1 person firm)	\$ 640 _____
Roofing Consultant (more than 1 person firm)	\$ 945 _____
Other Industry Provider	\$ 945 _____
Government & Building Departments	\$ 170 _____

Please enclose check or credit card information with application.

By becoming an FRSA member, you agree to receive emails from FRSA and its entities.

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: _____ FRSA Executive Director _____

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

Return 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