



FRSA Membership Application

Company Name _____
 Primary Contact _____ Title _____
 License Number(s) _____ Date Established _____
 Address _____
 City _____ State _____ Zip _____ County _____
 Office Phone _____ Fax _____ Email _____
 Membership Sponsor's Name _____ Company Website _____

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 above \$10 Million	\$ 1,950 _____

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

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 _____

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@floridarroof.com