



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 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 & Building Departments \$ 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@floridarroof.com

Signature of FRSA Executive Director _____ 8/18/17