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

## Contractor Membership

Dues Category (Check One):
Volume Less Than \$1 Million
Volume \$1 Million - \$4 Million
Volume \$5 Million - \$10 Million
Volume over \$10 Million
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? $\qquad$
To pay by credit card: $\qquad$ M/C $\qquad$ Visa $\qquad$ AmEx Expiration: $\qquad$ Security Code: $\qquad$
Name on card: $\qquad$ Amount: $\qquad$
Credit Card Billing Address: $\qquad$
Card number: $\qquad$ Signature: $\qquad$
Email receipt to: $\qquad$ FRSA Executive Director $\qquad$

Return to: FRSA, PO Box 4850, Winter Park, FL 32793 Attn: Kelly Sealander
Phone: 800-767-3772 (ext. 142) Email: kelly@floridaroof.com

