



SMACNA PATRON APPLICATION FORM

Regular SMACNA Members or Industry Organizations

The undersigned hereby makes allocation to participate in the SMACNA Patron Program at the level fee and benefit package indicated below.

[Please Complete All Sections]

Name: _____
Name of SMACNA Member Firm or Industry Organization

Street Address: _____

P.O. Box: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Official Contact: _____ Title: _____
Name of person to contact

Telephone Number: _____ Fax Number: _____

Firm E-Mail Address: _____ Web Site: _____

Contact's E-Mail address: _____

SMACNA PATRON PROGRAM

Please check the Patron level at which you wish to participate.

<u>Patron Classification</u>	<u>Non SMACNA</u>	<u>SMACNA Member</u>
<input type="checkbox"/> Platinum Parton	\$20,000*	\$15,000*
<input type="checkbox"/> Gold Patron	\$15,000*	\$10,000*
<input type="checkbox"/> Silver Patron	\$ 7,500	\$ 4,000
<input type="checkbox"/> Bronze Patron	\$ 3,000	\$ 1,500

** Special payment options are available for Platinum and Gold Patrons; for details call Bob Roach at 703-803-2980.*

Contributions or gifts to this organization [Sheet Metal and Air Conditioning Contractors' National Association, Inc (SMACNA)] are not tax deductible as charitable contributions for federal income tax purposes. SMACNA contributions, dues, and membership fees are deductible by members for federal income tax purposes as ordinary and necessary business expenses within the limitations of the Internal Revenue Code.

Attached is our check in the amount of \$ _____. Make checks payable to SMACNA.

Signature

Position with Firm

Print or type

Date

COMPLETE AND RETURN THIS FORM TO:
SMACNA
4201 Lafayette Center Drive
Chantilly, VA 20151-1209
Attention: J. Robert Roach

FOR SMACNA USE ONLY
Date Rec'd _____
Check # _____
Amount Rec'd _____