

Application for SMACNA Membership AFFILIATE - INTERNATIONAL CONTRACTOR (Direct)

Our firm hereby makes application for membership in the Sheet Metal and Air Conditioning Contractors' National Association, Inc. (SMACNA) as an Affiliate – International Contractor.

(PLEASE COMPLETE ALL SECTIONS)

Fir	m Name:					
Official Representative:			Title:			
Per	sonal E-mail with firm:		(Last/Surname)			
Str	eet Address:					
Pos	at Office Box:			City:		
Sta	te/Province:		Zip/Postal Code:		Country:	
Pho	one:		Fax:			
Firm E-mail:		Firm Web	Address:			
1.	Are you a parent company If Yes, list subsidiaries' nar	with subsidiaries nes and location:	? Yes No s:			
2.	Are you a subsidiary to a parent company? Yes No If Yes, provide the name and location of the parent company:					
3.	Does your firm sell product If yes, list the names of any	s or services to c related business	customers in the United States (i.e. distributors) in the	ites? Yes No United States and/or	_ Canada? Yes Canada:	No
4.	Please list any industry orga	anizations your f	irm is a member of:			
5.	What is your primary reaso benefit your firm?				NA services do you	expect will most

6. When was your firm established? _____(fill in the year).

7. Gross sales volume of business last year (or most recent annual fiscal period) was:_____

- 8. How many installers in the field do you have? (Monthly average over last 12 months)
- 9. How many employees are in your fabrication shop? (Monthly average over last 12 months)
- 10. Your firm does the following type(s) of work (Please indicate approximate percentage (%) of work in each area):

A.	Architectural Sheet Metal	%
B.	Commercial HVAC	%
C.	Custom Fabrication	%
D.	Industrial Sheet Metal	%
E.	Kitchen Equipment	%
F.	Manufacturing (HVAC and Related Components)	%
G.	Residential Heating & Air Conditioning	%
H.	Service	%
I.	Siding & Decking	%
J.	Testing & Balancing	%

Membership Fees:

Affiliate - International Contractor member Initiation Fee:	\$ 1,000 (U.S)
Affiliate - International Contractor member Annual Fee:	\$ <u>1,500 (</u> U.S)
Enclosed is my payment in the amount of	\$ 2,500 (U.S)

Date:

If approved for membership, we agree to abide by the Constitution and Bylaws of the Sheet Metal and Air Conditioning Contractors' National Association, Inc., of which we have received a copy.

Signature

Position with Firm

Print or Type Name

RETURN THIS COMPLETED FORM TO: SMACNA - Membership Department 4201 Lafayette Center Drive Chantilly, VA 20151-1219 Date

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