SMACNA OF WESTERN PENNSYLVANIA

APPLICATION FOR AFFILIATE MEMBERSHIP

NAME OF COMPANY: _____

ADDRESS: _____

_____

PHONE: _____ EMAIL: _____

WEB URL: _____

TYPE OF WORK PERFORMED BY YOUR COMPANY: _____

_____

NAMES OF OWNERS/OFFICERS (please list titles):

_____ _____

_____ _____

OTHER INDIVIDUALS WHO MAY REPRESENT YOUR COMPANY AT ASSOCIATION FUNCTIONS:

_____ _____

_____ _____

PLEASE PROVIDE A BRIEF HISTORY OF THE COMPANY (when formed, etc.):

_____

_____

THIS APPLICATION SHALL REPRESENT AN AGREEMENT ON THE PART OF THE APPLICANT, IF ADMITTED, TO ABIDE BY THE ARTICLES OF INCORPORATION AND BY-LAWS OF SMACNA OF WESTERN PENNSYLVANIA.

_____ _____

SIGNATURE DATE OF APPLICATION

Administrative Use Only

ACTION TAKEN BY BOARD: _____ DATE: _____