SMACNA OF WESTERN PENNSYLVANIA

APPLICATION FOR ASSOCIATE MEMBERSHIP

COMPANY: _____ **YRS IN BUSINESS:** _____

ADDRESS: _____ **PHONE:** _____

_____ **FAX:** _____

EMAIL: _____ **WEB:** _____

SERVICES PROVIDED: _____

_____

NAMES OF OWNERS AND/OR OFFICERS: **TITLE:**

_____ _____

_____ _____

_____ _____

CONTACT: _____ **EMAIL:** _____

OTHER INDIVIDUALS WHO MAY ATTEND ASSOCIATION MEETINGS AND FUNCTIONS:

_____ _____

_____ _____

BRIEF HISTORY OF COMPANY:

_____

_____

_____

REASON FOR CHOOSING TO BECOME A MEMBER:

_____

_____

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

_____ _____

SIGNATURE APPLICATION DATE