

ASSOCIATE MEMBER APPLICATION



Date _____

Application is hereby made for membership as an Associate Member of the Architectural Precast Association. Applicant hereby agrees to abide by the requirements and conditions of the Articles of Incorporation, Charter, and By-Laws of the Association, and to assist in the attainment of its purposes and objectives by active support and participation in the programs of the Association.

COMPANY INFORMATION

Please Type or Print

Company _____

Mailing Address _____

City/State/Zip _____

Physical Address _____

City/State/Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Official Representative _____

Please list the name of the individual who will be the main point of contact for all Association related correspondence.

Please list Products and/or Services

Description of five Architectural Precast Projects for which firm has supplied its products, including name, location, type, and size, and list architectural precast firm to which that product was supplied for each project

Name and Titles of key company personnel (Officers, Owners, Managers, etc.)

Member Sponsor (if any) _____

Sponsor's Company _____

DUES

Dues for Associate members are \$1,500 annually.

Please enclose check with application and submit to:

Architectural Precast Association, 325 John Knox Road, L103, Tallahassee, FL 32303

FINANCIAL

Commercial Bank _____
Name and Location

Supplier _____
Name and Location

Supplier _____
Name and Location

GENERAL INFORMATION

Number of Employees _____

Please list membership(s) in other concrete related trade associations or professional societies

SIGNED _____ TITLE _____

PAYMENT INFORMATION

Check Enclosed (made payable to APA)

Check Number: _____ Amount Enclosed: _____

Charge my: Visa MC AMEX

Card Number: _____ Expiration Date: _____

Security Code: _____ (3 digit number on reverse side, 4 digit number on front for AMEX only)

Billing Address: _____

Name on Card: _____

Authorized Signature: _____