



FRSA Membership Application

Firm Name _____

Primary Contact _____ Title _____

License Number(s) _____ Date Established _____

Address _____

City _____ State _____ Zip _____ County _____

Office Phone _____ Fax _____ Email _____

Home Address _____ Spouse _____

Membership Sponsor's Name _____ New Member's Website _____

Contractor Membership

Dues Schedule (Check One)

Volume Less Than \$250,000	\$ 555	_____
Volume \$250,000 - \$1 Million	\$ 685	_____
Volume \$1 Million - \$3 Million	\$ 870	_____
Volume over \$3 Million	\$ 1,050	_____

Type of Contractor Business (Check One)

Roofing _____ Sheet Metal _____ Air Conditioning _____

Associate Membership

Dues Schedule (Check One)

Manufacturer	\$ 1,170	_____
Distributor (1 location)	\$ 870	_____
Distributor (2 or more locations)	\$ 1,050	_____
Manufacturer's Rep. (1 person firm)	\$ 555	_____
Manufacturer's Rep. (more than 1 person firm)	\$ 820	_____
Consultant (1 person firm)	\$ 555	_____
Consultant (more than 1 person firm)	\$ 820	_____
Other Industry Provider	\$ 820	_____
Government & Non-Profit Organization	\$ 145	_____

Please enclose check or credit card information with application.

To pay by credit card: ___ M/C ___ Visa ___ AmEx Expiration: _____ Security Code: _____

Name on card: _____ Amount: _____

Credit Card Billing Address: _____

Card number: _____ Signature: _____

Mail to: FRSA, PO Box 4850, Winter Park, FL 32793 **Attn:** Membership
Phone: 800-767-3772 (ext 157) Fax: 407-679-0010 Email: lisapate@floridarooft.com

Signature of FRSA Executive Director _____