NATIONAL ASSOCIATION OF ARCHITECTURAL METAL MANUFACTURERS
APPLICATION FOR AFFILIATE MEMBERSHIP

NAME OF FIRM ____________________________________________________________

ADDRESS ______________________________________________________________

CITY __________________________ STATE _______________ ZIP ____________

BUSINESS PHONE ( ) _____________________ FAX ( ) ________________________

E-MAIL ___________________________ WEBSITE ___________________________

Affiliate Members – Affiliate Members are those firms or corporations with an interest in the industries and/or products represented by NAAMM Divisions

AFFILIATE MEMBERSHIP ANNUAL DUES INVESTMENT: $1,200

*Pursuant to the Revenue Act of 1987, we are required to advise you that your Association dues are not deductible as a charitable contribution for Federal Income Tax purposes. Your dues payments, however, are deductible as business expenses to the same extent as permitted under prior law.

MEMBERSHIP / CONSTITUION AND BYLAWS CONSIDERATIONS:

Affiliate members may appoint one official representative to the Association. Affiliate members are members at large, not members of any Division of NAAMM. Affiliate members in good standing shall have the right to attend NAAMM general meetings and programs and take part in discussions. Attendance and participation in Division meetings shall be by invitation only. Affiliate membership does not include the right to vote on Association matters.

REPRESENTATIVES: (Please complete)

Official NAAMM Representative (All Special and General Mailings, and Listings on Web Site)

_________________________ Title ________________________________

COMPANY INFORMATION (Please Complete)

Number of years in business: ________________________________

Description of products or services: ________________________________

Three trade references (non-financial). List contact, company, address and phone number:

1). ____________________________________________________________

2). ____________________________________________________________

3). ____________________________________________________________

I have read and agree to abide by the NAAMM Constitution and Bylaws. I further attest that the information stated in this application is true.

Signature ___________________________ Title ___________________________

Date ________________________________

RETURN TO NAAMM
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Glen Ellyn, IL  60137
Phone: (630) 942-6591   Fax: (630) 790-3095
E-mail:  info@naamm.org, Web site:  www.naamm.org