



APPLICATION FOR AFFILIATE MEMBERSHIP

I/We hereby certify that our company, as named below, has an interest in the Exterior Insulation and Finish Systems (EIFS) industry but do not qualify for membership as a Manufacturer, Associate, Distributor, or Applicator/Contractor Member.

Company: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: (____) _____
Area Code

FAX: (____) _____
Area Code

Please enclose a copy of any company sales promotion materials and a brief description of the interest your company has in the EIFS industry.

Our company representative(s) to EIMA will be:

Primary Representative (Please Print) Title (Please Print) E-mail Address

Alternate Representative (Please Print) Title (Please Print) E-mail Address

A check for annual dues, made payable to EIMA, in the amount of \$500.00 is enclosed.

I/We would like to pay by credit card:

Card Number

Expiration

Name as it appears on Card

Zip code associated with Card

Dues payments may be deductible by members as an ordinary and necessary business expense; consult your tax advisor or accountant for further information.

Signature

Title

Date

Please fax completed application to EIMA at (703) 538-1736