



## **APPLICATION FOR APPLICATOR/CONTRACTOR MEMBERSHIP**

I/We hereby certify that our company, as named below, is regularly engaged in the installation of Exterior Insulation and Finish Systems (EIFS).

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ )  
Area Code

FAX: ( \_\_\_\_\_ )  
Area Code

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**