



APPLICATION FOR DISTRIBUTOR MEMBERSHIP

I/We hereby certify that our company, as named below, is regularly engaged in the distribution of Exterior Insulation and Finish Systems (EIFS) manufactured by: _____

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 \$250.00 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