

**Section 1**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ 800# \_\_\_\_\_

Website \_\_\_\_\_ E-mail Address \_\_\_\_\_

Our Affiliate Member membership is assigned to \_\_\_\_\_

Referred by \_\_\_\_\_

If you were not referred to us, how did you hear about NAFA? \_\_\_\_\_

Our company is a Supplemental Member of *(Supplemental Applications only)* \_\_\_\_\_

Please describe the nature of your affiliation:

Parent                       Subsidiary                       Division                       Other

**Section 2**

1) **Please include a brief history of your company, use a separate sheet if necessary:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Provide a minimum of two customer and/or business references that can attest to your firm's quality of service, knowledge, and/or ethics:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEMBER PROFILE DATA**

What is the primary activity of your business? (Check one.)

- |   |  |
|---|--|
| <input type="checkbox"/> Air filtration product sales/service | <input type="checkbox"/> Manufacturer's representative |
| <input type="checkbox"/> Air filtration product manufacturing | <input type="checkbox"/> Other                         |

Number of Employees: \_\_\_\_\_ Year Started in Business: \_\_\_\_\_

What manufacturers do you primarily represent? \_\_\_\_\_

List major lines or products: \_\_\_\_\_

Why do you wish to join NAFA? \_\_\_\_\_

*Explanation of membership classes and dues:*

**Active Member Company:** Any entity engaged in the sale and/or service of commercial/industrial air filtration, cleaning, purification, decontamination, sterilization, and monitoring devices, products, and components to end users and/or contractors, who does not meet the definitions of the Associate Member Company category. Annual Dues: \$520.

**Associate Member Company:** Any entity considered to be a manufacturer, national supplier, or distributor of commercial/industrial air filtration, cleaning, purification, decontamination, sterilization, and monitoring devices, products, and components that sells primarily to Active Member Companies, retail distribution outlets, or entities that may be eligible for Active Member Company membership. Annual Dues: \$945.

**Supplemental Member Company:** Any subsidiary, division, or branch office of a NAFA Active or Associate Member Company may join NAFA as a Supplemental Member Company, under the same NAFA Member Company category as the parent member. Supplemental Members must be doing business under essentially the same name as the parent NAFA Member Company. A Supplemental Member Company is entitled to all the benefits of NAFA Member Company membership. Annual Dues \$200.

**Affiliate Member:** Any individual who is an employee or legitimate representative of a NAFA Member Company (Active, Associate, and Supplemental) may join NAFA as an Affiliate Member. Each form of NAFA Company membership includes one (1) complimentary Affiliate Member membership in NAFA. Annual Dues: \$75.

**Professional Member:** Any individual who, as part of his or her professional activity, regularly designs, specifies or inspects air filters and/or air filtration systems, but does not directly and regularly participate in the manufacturing or sale and/or service of commercial/industrial air filtration products. Students, consultants, or individuals with an interest in air filtration may join as a Professional Member if they are not directly and regularly involved with the manufacture or sale and/or service of commercial/industrial air filtration products. Annual Dues: \$125.

*Members of all classes shall possess qualities of good character and outstanding business reputation.  
Only members in good standing may use the NAFA logo.*

**PAYMENT OF DUES AND FEES**

Applicants for membership must remit a full year's dues along with their completed application. Dues are payable October 1st each year. New members will receive a pro-rated invoice reflecting a partial year's dues payment. Please note that any member, Affiliate or Professional, who drops their membership with National Air Filtration Association and subsequently rejoins will be required to pay a full year's membership regardless of the time of year the company dropped its NAFA membership.

<b>Active</b>	<b>Associate</b>	<b>Supplemental</b>	<b>Affiliate</b>	<b>Professional</b>
\$545*	\$970*	\$225*	\$100*	\$150*

*\* A \$25 application processing fee is required with applications for all classes of membership.*

Dues are payable by check or credit card. For credit card payment, simply complete the box below.

**We hereby submit this application for membership in the National Air Filtration Association as an (check one):**

Active Company    Associate Company    Supplemental Company    Affiliate Member    Professional Member

We hereby certify that the information provided above is accurate to the best of our knowledge and that, if elected to membership, we will abide by the bylaws governing the association. We have understood and signed the enclosed copy of the NAFA Code of Ethics, and agree to comply with all provisions therein. It is understood that if we are not elected to membership, a full refund will be made within forty-five days after the voting process.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Application Approved By: \_\_\_\_\_

Type of Credit Card (circle one):	VISA	MasterCard	American Express	Discover
Card # _____				Expiration _____
date _____				
Billing Address: _____				CCID _____
Name on card _____				
Signature of Card Holder _____				