

# NAFA Member Data Form

Return this form to NAFA Staff



## Personal Information

Full Name:		Nickname:	
Address:			
City, State, Zip			
Home Phone:		Country:	
Date of Birth: (DD/MM/YYYY)			

## Company Information

Title:		Supplemental of:	
Company:		Member Expiration Date: Office Use Only	
Address:			
City:		State:	Zip:
Business Phone:		Country:	
Business Phone 2:		E-mail:	
Fax:		Web Site Address:	
Membership Type:	Official Representative?:	Region:	Member Join Date:

## Statistical Data

Education:	<input type="radio"/>	HS	<input type="radio"/>	Associate	<input type="radio"/>	Bachelors	<input type="radio"/>	Masters	<input type="radio"/>	PhD
Degree:										
Business Size	<input type="radio"/>	1-50	<input type="radio"/>	51-100	<input type="radio"/>	101-200	<input type="radio"/>	201-500	<input type="radio"/>	500-above
Business Type	<input type="radio"/>	Service	<input type="radio"/>	Wholesale	<input type="radio"/>	Retail	<input type="radio"/>	Manufacturer	<input type="radio"/>	Other:
NAFA Office/Committee:										
NAFA Certification: Exam Date:					Other Professional Certifications:					

The information on this form is for NAFA use only – it will not be released to anyone outside of the Headquarters Office.

Biographical Data:

A. Other organizational affiliations (i.e. ASHRAE, IFMA, BOMA, etc.)

*Please denote local or national affiliation and any offices held*

1) _____	6) _____
2) _____	7) _____
3) _____	8) _____
4) _____	9) _____
5) _____	10) _____

B. Professional Articles/Books Published (continue on separate page if necessary)

<u>Title</u>	<u>Date Published</u>	<u>Printed in what publication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Special Honors/Awards

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