



CENTRAL STATES INSULATION ASSOCIATION

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Company Name: _____
Address: _____
City, State & Zip: _____
Telephone: _____ Fax: _____
Contact Name: _____
Email: _____ Website: _____

TYPE OF MEMBERSHIP REQUESTED (*check only one*)

- | | | | | | |
|---|----------|---------------------------------------|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> Contractor | \$425.00 | <input type="checkbox"/> Insulation | <input type="checkbox"/> Abatement | <input type="checkbox"/> Unionized | <input type="checkbox"/> Merit |
| <input type="checkbox"/> Distributor/Fabricator | \$425.00 | | | | |
| <input type="checkbox"/> Associate | \$513.00 | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Sales Manufacturing Representative | | |
| <input type="checkbox"/> Engineer/Specifier | \$ 95.00 | | | | |

APPLICANT INFORMATION

Please Answer the following questions so that we may get to know you better, and feel free to use additional sheets as necessary.

- Type of Work in which your company is engaged: _____
- Length of time company has been in business; date established: _____
- Primary geographic area of operation: _____
- Brief history of company: _____

- Identify Principals of Company and Titles: _____

- Number of Employees: _____
- Labor Organizations representing your employees: _____
- Is your company a member of NIA? Yes No

This application for membership is made subject to the Bylaws governing such membership. It is understood and agreed that, if and when approved by the association's Board of Directors, the applicant shall maintain membership in good standing and shall terminate it only in writing, and only after all obligations to the association have been met. The undersigned company and its representatives agree to abide by all terms and conditions of the association's bylaws.

Membership Proposed by: _____
Existing CSIA Member

Signature of Applicant: _____ Date: _____

*Make dues check payable to CSIA and return with application.
Payment via Visa, MasterCard, Discover and American Express are also accepted.*

Card Number _____ Expiration Date _____ CSV _____

Name on Card _____ Authorized Signature _____

Send back completed form and payment to:

FAX: (937) 278-0317 or **MAIL:** 7250 Poe Avenue, Suite 410 - Dayton, Ohio 45414