



1625 Summit Lake Drive, Suite 300
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2009 FMA Membership Application

Name of Voting/Non-Voting Representative _____ Title _____

Additional Representatives: _____

Company _____

Parent _____ Branch _____

President or CEO _____

Address _____

State _____ Zip Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Telephone () _____ - _____ Fax () _____ - _____ E-Mail _____

Website _____

Brief Description of Type of Business:

Membership Type for Which Applying

- Active (Voting) \$2350.00**
Manufacturers of fenestration products.
 - Associate (Voting) \$2350.00**
Manufacturers of materials or components or provider of services such as design, engineering or testing to members of the industry as described for Active and Affiliate members.
 - Associate (Non-Voting) \$1650.00**
Associate members who wish to relinquish their voting rights.
 - Affiliate (Voting) \$995.00**
Window, Door or Shutter Dealers, Glass Houses, Installers, Industry Representative, Architect or Engineer.
 - Affiliate (Non-Voting) \$495.00**
Affiliate members who wish to relinquish their voting rights.
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If your organization would like representation on specific FMA committees, please check the appropriate box and identify the representative(s).

Codes/Structural _____

Fenestration Installation _____

Energy _____

Upon signing this application form, the above referenced company is stating that they will abide by the By-Laws and Rules as set forth by FMA, Inc. Dues and fees will be paid according to the terms and amount as determined by FMA, Inc.

Representatives Signature _____ **Date** _____

All Membership Applications are subject to approval by the Board of Directors!

Please mail to:
Fenestration Manufacturers Association
c/o Nancy D. Stephens & Associates
1625 Summit Lake Drive, Suite 300
Tallahassee FL 32317

Or fax to: 850-402-0139