AIR BARRIER ASSOCIATION OF AMERICA

MEMBERSHIP APPLICATION FORM

REPRESENTATIVE (Primary Contact)		
COMPANY		
MAILING ADDRESS		
COURIER ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	
EMAIL ADDRESS	WEB ADDRESS	
ADDITIONAL BRANCH LOCATIONS		
NUMBER OF YEARS IN BUSINESS		
MARKET AREAS SERVED		
PRINCIPLE PRODUCTS		

Membership Fees (fees are for January 1 - December 31 annually)

Type 1: Voting membership (please specify)
☐ Air Barrier Supplier **($5,000.00)** ☐ Component Supplier **($1,000.00)** ☐ Distributor **($500.00)**
Note: Type 1 Members are required to provide documentation demonstrating that the company is either a Component Supplier or Distributor and not a Manufacturer if selecting either of the aforementioned categories. ABAA shall assign a membership classification in case of dispute.

Type 2: Voting membership (please specify)
Air Barrier Contractor **($1,000.00**) ☐ General Contractor **($500.00**)

Type 3: Voting membership
☐ Associate **($300.00)**

Method of Payment:
☐ My cheque, made out to the Air Barrier Association of America (ABAA) is enclosed.

☐ Charge the Application Fee to my VISA credit card:

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_____ _____
Cardholder's Name Authorized Signature

Forward this form and payment to:
Air Barrier Association of America (ABAA)
1600 Boston-Providence Hwy
Walpole, MA 02081

Toll Free Phone 866.956.5888
Toll Free Fax 866.956.5819

♦ ♦ ♦ ♦ ♦ ♦ ♦ **Thank you** for your application! ♦ ♦ ♦ ♦ ♦ ♦ ♦