



Application for Affiliate Membership

NATIONAL ASSOCIATION OF FIRE EQUIPMENT DISTRIBUTORS

If you have any questions, feel free to call us at (312) 461-9600.

An affiliate member of NAFED shall not be eligible for distributor or supplier membership but may include non-profit organizations, associations, academic institutions, and professionals (individuals or companies) with an interest or affiliation in fire protection. An affiliate member will **NOT** be allowed voting privileges and will **NOT** have the right to hold a position on NAFED's board of directors. Affiliate members may register for any NAFED conferences, seminars, or other special events at the regular discounted membership price. The affiliate membership fee is \$250 U.S. annually. *****A full year's membership fee of \$250 U.S. must be included with your application—your second year's membership fee will be prorated relative to the month you are accepted.**

Please fill in your company information.

Company Name _____ Date ____ / ____ / ____

Main Contact Person _____ Title _____
(this person will receive all NAFED mailings)

Address _____

City _____ State/Province _____ Zip/Postal _____

Phone _____ Fax _____

Email _____ Website _____

Please provide a brief explanation of your interest in fire protection.

Signature

Title

Check if you'd like an additional set of mailings sent to another individual in your organization at the same address for \$40 U.S. per year. We'll send you the applicable order form to fill out and return with payment.

For official use only: join date _____ membership # _____

CHECKLIST

Prior to returning your application to NAFED, please make sure that you have completed all of the following parts of the application process.

- Complete and include page I
- Include a payment of \$250 U.S. by check or credit card
- Address and mail **OR** fax this application to:

NAFED
Attn: Membership Department
122 S. Michigan Ave., Suite 1040
Chicago, IL 60603

Fax (312) 461-0777

Payment Method

CHECK ENCLOSED (payable to NAFED)

AMEX

VISA

MASTERCARD

ACCOUNT NUMBER

SIGNATURE

NAME ON CARD

EXPIRATION DATE