



AMERICAN FIRE SPRINKLER ASSOCIATION CAROLINAS CHAPTER, INCORPORATED

PO Box 385 Dunn, NC 28335

2022 CHAPTER MEMBERSHIP APPLICATION

lame of Company			
Contact Person	Title		
Street Address			
Mailing Address			
Phone Number ()	Fax Number ()	
Veb Address:	Primary Email:		· · · · · · · · · · · · · · · · · · ·
ype of Business: (check or X only one – if fille	ed out online left click in the box to	indicate choice)	
Design & Installation (FS) Contractor:	NC / SC License Number:		· · · · · · · · · · · · · · · · · · ·
	Name of License Holder:		
Residential Installation (RFSC) Contractor:	NC License Number:		
	Name of License Holder:		
Manufacturer/Supplier:	System Design Only:	Insurance Indus	stry:
Authority Having Jurisdiction: Inspec	ction Jurisdiction / Municipality:		
Job Title & Certifications:			
Other (Be Specific):			
re You a <u>Current</u> Member of the "National" Al	FSA in Dallas, Texas?:	Yes	No
ignature:	Title:	Date	e:
lote: (1) Application subject to acceptance b	by Board of Directors and your pay	ment of current due	s shown in (2)
(2) 2022 Annual Chapter Dues	Associate (Manufacturer / Auxiliary / RFSC	Supplier)	\$250.00 \$50.00
	AHJ		\$50.00

(Print, SIGN, make check payable to AFSA Carolinas Chapter, Incorporated and MAIL to the address above.) If you paid online using a credit card, check here: You MUST sign & mail this form even if you paid online.