



NATURAL FIBER INSTALLERS CERTIFICATION
ASSOCIATE MEMBERSHIP APPLICATION

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____ FAX () _____

PRIMARY CONTACT NAME _____

EMAIL ADDRESS _____ WEBSITE _____

ADDITIONAL COMPANY CONTACTS _____

___Manufacturer

___Tech Member

___Retailer

___Inspector

___Distributor

___Industry Associate

_____ 1,000 Alliance Partner
_____ \$500 Manufacturer, Distributor or Retailer with more than 5 locations
_____ \$200 Retailer or Distributor 4 or less locations

PLEASE ATTACH A CHECK OR CREDIT CARD INFORMATION FOR ANNUAL DUES

___ Visa ___ Mastercard ___ Amex ___ Check

Credit Card # _____ Exp. Date _____

Name on Card _____ Billing Zip Code _____

Signature _____

NFIC
Natural Fiber Installers Certification
P.O Box 4248 • Canton, GA. 30114
Phone 770 720-4537 Fax 770 720-4671