



NATURAL FIBER INSTALLERS CERTIFICATION
ASSOCIATE MEMBERSHIP RENEWAL

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

- _____ \$500 Alliance Partner
- _____ \$250 Manufacturer, Distributor or Retailer with more than 5 locations
- _____ \$100 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 _____