



NATURAL FIBER INSTALLERS CERTIFICATION
ASSOCIATE ANNUAL MEMBERSHIP

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____ FAX () _____

PRIMARY CONTACT NAME _____

EMAIL ADDRESS _____ WEBSITE _____

ADDITIONAL COMPANY CONTACTS _____

- Manufacturer
- Retailer
- Distributor
- Tech Member
- Inspector
- 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