

NFIC RENEWAL CERTIFICATION APPLICATION

Applicant Name: _____

Name Used: _____

Company: _____

Work Phone: (____) _____ Home Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Address to appear in NFIC National Directory:

Directory Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Signature on this form verifies that the information on this page is true to the best of my knowledge. As further consideration for this opportunity, I specifically agree to release NFIC, it's officers or employees from any and all claims and specifically waive all such losses against the Association and such persons. In the event my activities cause injury or damage to any other person or entity, then I agree to fully indemnify hold harmless, defend and protect the Association and all related persons from such losses, including any losses caused in part by the negligence of such others. I further understand that failure to conduct myself in a responsible manner as I represent NFIC could result in my termination, of this Association.

Signed: _____ Date: _____

Mail to: NFIC
Natural Fiber Flooring Installation Certification
P.O. Box 4248
Canton, GA. 30114
770 720-4537- phone 770 720-4671 - fax



