

Active Membership (Choose one) Contractor/Retailer Wholesaler Manufacturer Supplier Manufacturer Representative

What products do you handle? (Check all that apply) Fence Deck Railing

Allied Membership – Groups/associations/publishers having an interest in the industry (non-voting)

Associate Membership – Professional contractors, architects, consultants, etc. (non-voting)

Branch of Active Member (Dues Exempt & non-voting) Use separate application for each branch. Contractor Supplier

Active Member joining Additional Chapter(s)

Company/Organization _____ Branch Name _____

Representative's Name _____ Title _____

Mailing Address _____ Spouse's Name (optional) _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Business Telephone _____ * Fax Number _____

Email _____ Web Site _____

Please indicate if your firm is involved in any of the following lines of business: Vinyl fence, deck or railing Composite fence, deck or railing

Note: You will be provided with information on all AFA Divisions that serve your interests. If you have checked one of more boxes above and are a manufacturer or supplier to a manufacturer, you must join and pay additional dues to at least one AFA Division that serves your interests.

AFA Chapters: All member companies of the AFA in the United States must belong to a chapter and pay applicable dues. Companies located outside chapter territories will be assigned to the closest chapter. All members, however, have the right to belong to additional chapters provided the applicable dues are paid.

I choose to also belong to the _____ Chapter(s).

(Be sure to include the applicable additional payment when submitting this application.)

Arizona – \$130	Greater Chicago – \$125	Michigan – \$50	Rocky Mountain (So.-ID, UT, So.WY) – \$130
California (southern) – \$200	Gulf South (So.-AL, NW-FL, LA, So.-MS) – Contractors- \$100 Manufacturers/Wholesalers - \$150	Mid-Atlantic (MD, DC, DE, No.-VA) – \$150	South Florida – \$225
California Fence Contractors Association (CFCA) (northern California) – \$150	Hawaii – \$130	Midwest (NW AR, KS, MO, NE, OK) – \$120	Texas – \$175/ Branch – \$50
Carolinas - \$150 / Branch – \$50	Indiana/Kentucky – \$130	New York/Long Island – \$130	Volunteer State (middle TN, So.-KY, W-NC) – \$130 / Branch – \$50
Central Florida – \$175	Keystone (Eastern PA) – \$150	North Central (MN, ND, SD, W-WI) – \$100	Western NY – \$125
Colorado – \$125	Memphis Tri-State (No.-AL, AR, No.-MS, W-TN) – \$150	Northeast (CT, MA, ME, NH, RI, VT) – \$100	Western PA/West Virginia – \$100
Garden State – \$100		Northern Ohio – \$75	Wisconsin/Northern IL – \$130
Georgia – \$100		Northern Rockies (MT, No. WY) – \$150	
		Pacific Northwest (AK, NW-ID, OR, WA) – \$130	

Contact AFA at 800.822.4342 if you have any questions about chapter assignments or are interested in establishing a new chapter.

Payment of Fees: AFA Dues - \$500 + Chapter Dues: _____ = Total Remitted: _____

Check/Money Order # _____ VISA MasterCard American Express

Card # _____ Expiration Date _____

Card Holder Name _____ Card Holder Signature _____

I understand that I may display my membership plaque and utilize the AFA logo as long as I remain an active member in good standing. As a continuing condition of my membership, I agree to abide by the AFA Business & Ethical Practices.

Signature _____ Date _____

AFA dues are billed to the company annually and are due on July 1 of each fiscal year (July 1 - June 30). New members pay full dues when they join.

Members joining from December 1 - March 31 will receive one half year dues credited on the next year's dues invoice to compensate for prorated service during the first year.

How did you hear about AFA? _____

Did an AFA member refer you? Yes No If yes, who was it? (Name/Company) _____

* I understand that by authorizing/providing the fax number(s) listed above, I consent to its receipt of communications sent by or on behalf of AFA, AFA Education Foundation, AFA Chapters (and their subsidiaries and affiliates) and CM Services, Inc. (and its subsidiaries and affiliates). I understand that AFA and CM Services, Inc. will not share my fax with other organizations. This consent is intended to fully comply with certain amendments to the Telephone Consumer Protection Act of 1990. This consent remains in effect until specifically terminated in writing by an authorized person.

Name: (print clearly) _____ Signature _____ Date _____

Please return this completed application with full dues payment (credit card, check, or money order, payable in U.S. funds) to:

**American Fence Association • 800 Roosevelt Road, Building C-312 • Glen Ellyn, IL 60137
630.942.6598 • 800.822.4342 • Fax 630.790.3095 • www.AmericanFenceAssociation.com**