



Aluminum Association of Florida, Inc. MEMBERSHIP APPLICATION

OFFICE USE ONLY
Chapter: _____
Date Received: _____
Approval Date: _____
Effective Date: _____

1. APPLICANT INFORMATION

APPLICANT'S NAME		TITLE		SPOUSE	
COMPANY			PHONE	FAX	
MAILING ADDRESS	STREET (OR P.O. BOX)			EMAIL	
<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME	CITY	ST	ZIP	WEB ADDRESS	

YEAR BUSINESS ESTABLISHED	PRODUCTS/SERVICES MARKETED
NO. OF EMPLOYEES	

CONTRACTOR APPLICANTS ONLY

LICENSE #	LICENSE CLASS	LICENSING AUTHORITY (CITY/COUNTY/STATE)
ADDITIONAL COMPANY OFFICES ARE LOCATED IN (CITY/STATE):		

LOCAL SUPPLIER AND STATE ALLIANCE APPLICANTS ONLY

# OF BRANCHES	# OF OUTSIDE SALES PERSONNEL	# OF FLORIDA COUNTIES SERVED	OTHER STATES YOU MARKET IN
FLORIDA CORP OR DIVISION OF OUT-OF-STATE CORP??		DO YOU MARKET DIRECTLY TO OTHER WHOLESALERS?	DO YOU MARKET DIRECTLY TO CONTRACTORS?
OPTIONAL -- ANNUAL GROSS SALES VOLUME			

Have you ever applied for Membership in any other AAF Chapter? No Yes If Yes, which Chapter? _____

Sponsor(s) _____ Company _____

(A sponsor is a current Member of AAF who has interested you in joining the Association. In some Chapters, it is *mandatory* that you name a sponsor for your application to receive favorable consideration.)

2. TYPE OF MEMBERSHIP (Select one option)

<input type="checkbox"/> Contractor Membership (<i>voting member</i>) To qualify as a Contractor Member, the candidate must be a Contractor Member of a Chapter, duly licensed to practice contracting within his jurisdiction, or be qualified by another license holder from the same company, and meet all other requirements established by the AAF Board of Directors. The candidate must apply for and maintain membership within the Chapter having jurisdiction over the city or county in which his/her home office is registered according to state and county licensing authorities. If qualified by another license holder from the same company, the candidate must be an owner or manager of a home improvement company, and a notarized letter attesting to the qualifications must accompany the application and be renewed each year. Only one person from the qualifier's company may be a voting member in any one Chapter. *See reverse side of form for Chapter Dues Amounts. If you select the "Direct Member" status, you must reside—and do business in—an area that is not currently served by an existing AAF Chapter. Direct Members are entitled to attend all Association events, including Board Meetings.	Select Option #1 Direct Member \$350 Or Select Option #2 <i>(choose one option)</i> Chapter Dues* \$ _____ (add) State Dues \$300 Total \$ _____
<input type="checkbox"/> State Alliance (Supplier) UMDA Membership (<i>may participate in UMDA votes</i>) To qualify as a State Alliance (Supplier) Member, the candidate must be a company that manufactures, distributes, or sells products or services to or for the industry, and must meet any and all requirements established by the Alliance that would not be in conflict with the State Bylaws.	1-25 employees \$400 or 26+ employees \$800 (add) State Dues \$200 Total \$ _____
<input type="checkbox"/> Local Supplier Membership (<i>non-voting member</i>) To qualify as a Local Supplier Member, the candidate must be a local supplier of goods and/or services to aluminum contractors in a limited AAF Chapter area. The candidate must own or be employed by a business which manufactures or sells products or services to or for the industry and must meet any and all requirements established by the AAF Board of Directors.	1-25 employees \$400 or 26+ employees \$800 (add) Chapter Dues \$ _____ Total \$ _____
<input type="checkbox"/> Affiliate Membership (<i>non-voting member</i>) To qualify as an Affiliate Member, the candidate must be an employee, salesman, officer, partner, manager or other representative of a past or present member, or be a past member not actively engaged in the aluminum industry. The candidate must meet any and all other requirements established by the Chapter Board of Directors and not in conflict with the State Bylaws.	Chapter Dues* \$ _____ Total \$ _____
<input type="checkbox"/> Government Membership (<i>non-voting member</i>) To qualify as a Government Member, the candidate must be an employee or representative of a county or state building department and be involved in the aluminum construction industry. The candidate must also meet any and all other requirements established from time to time by the AAF Board of Directors.	FREE
<input type="checkbox"/> Associate Membership (<i>non-voting member</i>) To qualify as an Associate Member, the candidate must offer engineering or other professional services to the aluminum construction industry. The candidate must also meet any and all other requirements established from time to time by the AAF Board of Directors.	State Dues \$250 Total \$250



3. METHOD OF PAYMENT

Amount Paid \$ _____ (payable to AAF)

- Check # _____
- Money Order

- Credit Card: Visa MasterCard American Express
- Card # _____ Expires: _____
- Name as it appears on card _____
- Signature: _____
- Billing Address (if different from the address given on page 1)
- _____
- _____

4. CODE OF ETHICS AND AUTHORIZATION

AAAF Code of Ethics

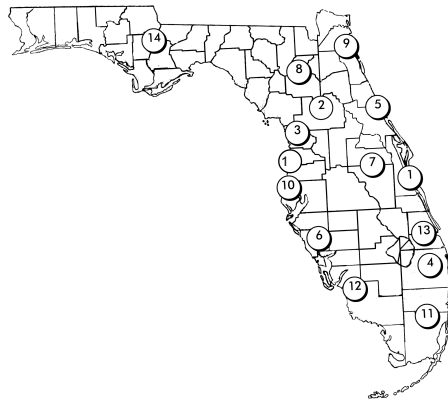
As a member of the Aluminum Association of Florida, I will:

- Promote respect by actions which reflect favorably upon our industry and my Company.
- Design and build according to good engineering practices.
- Maintain all applicable licenses and insurance.
- Contribute to the public health, safety and welfare by complying with all applicable building codes, ordinances and regulations.
- Truthfully represent only bona fide products and services
- Fulfill completely contractual and moral obligations, keeping my agreements in letter and spirit.
- Affirm and encourage the American free enterprise system in our industry.
- Conduct business in a professional manner, never demeaning the actions of others.

If accepted for membership, I agree to uphold and abide by the Aluminum Association of Florida's Bylaws, Code of Ethics, Pledges, Rules, and Conditions of Membership, and promote to the extent of my ability, the association's purposes and goals. Use of the name and logo of the Association as a means of showing my affiliation with AAF is a privilege of membership. I agree that if I terminate my membership, I will immediately cease and desist all such usage.

Signature _____ Date _____

CHAPTER INFORMATION



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| <ul style="list-style-type: none"> 1. Brevard County Chapter \$50 2. Central Florida Chapter (Marion County) \$175 3. Citrus County Chapter \$100 4. Palm Beach Chapter \$900 5. Greater Volusia Chapter \$150 6. Manatee-Sarasota-Charlotte Chapter \$200 | <ul style="list-style-type: none"> 7. Mid-Florida Chapter \$600 (Orange, Osceola & Seminole Counties) 8. North Central Florida Chapter \$50 (Alachua, Bradford, Columbia, Gilchrist & Union Counties) 9. Northeast Florida Chapter \$150 (Clay, Duval & St. Johns Counties) 10. Suncoast Chapter \$150 (Hillsborough County) 11. Southeast Chapter \$150 (Broward and Miami-Dade Counties) 12. Southwest Chapter \$100 (Collier and Lee Counties) 13. Treasure Coast Chapter \$150 (Indian River, Martin, Okeechobee & St. Lucie Counties) 14. Northwest Chapter \$250 |
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RETURN THIS COMPLETED APPLICATION ALONG WITH:

- 1) Your payment
- 2) A copy of your license
- 3) Proof of insurance

Send all of these items to the AAF Office:

3165 McCrory Place
Suite 185
Orlando, Florida 32083
Fax: (407) 894-7673
E-mail: info@aaof.org