



ALUMINUM ASSOCIATION OF FLORIDA, INC. MEMBERSHIP APPLICATION

1. APPLICANT INFORMATION

Applicant Name: _____ Title: _____

Company: _____ Office Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Website: _____

Year Business Established: _____ Number of Employees: _____

Products/Services Marketed: _____

Have you applied for AAF membership before: Yes No If yes, to which chapter did you belong? _____

Sponsor (if applicable): _____ Sponsor Company (if applicable): _____

CONTRACTOR APPLICANTS ONLY

License #: _____ License Class: _____ Licensing Authority (County/City/State): _____

Additional Company Offices are located in (City/State): _____

LOCAL SUPPLIES AND STATE ALLIANCE (UMDA) APPLICANTS ONLY

Please check one: Florida Corporation Out of State Corporation

of Branches: _____ # of Outside Personnel: _____ Florida Counties Served: _____

Do You Market Directly to Wholesalers? Yes No Do You Market Directly to Contractors? Yes No

Annual Gross Sales Volume (optional): _____ Other States in Which you Market? _____

2. TYPE OF MEMBERSHIP (Select One Option)

<input type="checkbox"/> CONTRACTOR (VOTING MEMBER): To qualify as a Contractor Member, the candidate must be a Contractor Member of a chapter, duly licensed to practice contracting within his/her 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. 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.	OPTION 1 Direct Member \$450 OPTION 2 State Dues \$450 Chapter Dues \$ _____
<input type="checkbox"/> STATE ALLIANCE (Supplier) UMDA (May participate in UMDA votes): 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 aluminum 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 \$450 26+ Employees \$850
<input type="checkbox"/> AFFILIATE (Non Voting Member): 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 (Non Voting Member): 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 (Non Voting Member): An Associate Member is a person or entity who furnishes goods, not for resale, or services to the construction contracting industry.	State Dues \$350 Total: \$350
<input type="checkbox"/> PROFESSIONAL (Non Voting Member): A Professional Member must be a professionally licensed individual or entity (under Florida Statutes) who performs professional services for the construction contracting industry, excluding contractors and building department employees. This category includes Engineers and Architects.	State Dues \$350 Total: \$350

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3. METHOD OF PAYMENT

- I've enclosed a check in the amount of my first year's dues.
- Please charge my first year's dues to the card shown below:

Please charge the amount shown to my: VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____ Security Code (from back of card): _____

Billing Address (if different from address in Section 1): _____

4. CODE OF ETHICS AND AUTHORIZATION

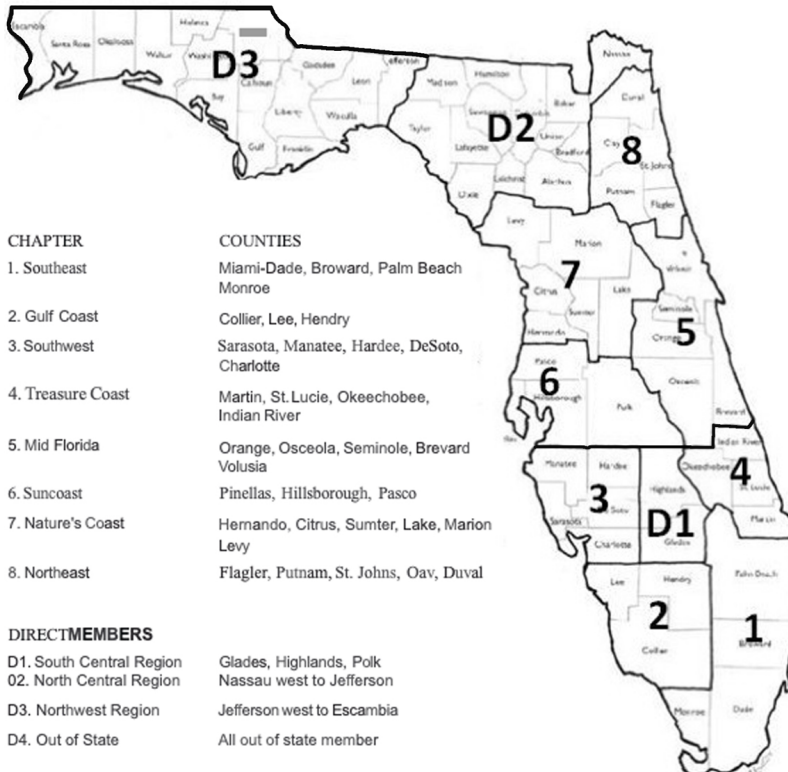
AAF Code of Ethics

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.
- ♦ 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 my membership is terminated, I will immediately cease and desist all such usage and forfeit remaining dues. (No refund of dues will be given.)

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.

Applicant's Signature: _____ Date: _____



RETURN THIS COMPLETED APPLICATION ALONG WITH:

- ♦ Payment
- ♦ Copy of License
- ♦ Proof of Insurance (liability AND workers' compensation)

SEND ALL ITEMS TO:

AAF
 218 E Bearss Ave
 Suite 232
 Tampa FL 33613

FOR QUESTIONS REGARDING MEMBERSHIP PLEASE CONTACT THE AAF OFFICE AT:

info@aaof.org