Great Lakes Frame Building Association
Membership Application

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

DESIGNATED REPRESENTATIVE: (casts company vote)

Name: _____

Phone: _____ **FAX:** _____

Email: _____ **URL:** _____

TYPE OF BUSINESS:

Please Specify: _____

TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING: (check one)

BUILDER MEMBER:
Proprietorship, partnership or corporation that sell and construct post-frame buildings, structures, or building packages. *Builder Members have full voting powers.* Annual Dues of $150.00 ☐

ASSOCIATE MEMBER:
Proprietorship, corporation, or other legal entities that support the post-frame industry through manufacturing, selling, supplying, or distributing building materials, components, or related services within the GLFBA region. *Associate Members have full voting powers.* Annual Dues of $150.00 ☐

CONTRIBUTING MEMBER:
Persons not eligible for Builder or Associate Membership.
Contributing Members have no voting powers. Annual Dues of $50.00 ☐

Please Make Checks Payable to GLFBA or Provide Credit Card Information Below

Billing Address if different from above: _____

City: _____ **State:** _____ **Zip:** _____

Credit Card Number: _____

Exp. Date: _____ **CVV:** _____ **Billing Zip Code:** _____

Signature: _____

RETURN TO: *GLFBA 7250 Poe Ave. Suite 410 Dayton, OH 45414 |* ***FAX:*** *937-278-0317*
Phone: *888-294-0084 |* ***EMAIL:*** *mpope@assnsoffice.com*