

Application for Associate Membership

Firm Name:

Business Address:

Telephone:

FAX:

Name/Position:

Your email:

Your website:

Type of Business:

I / we hereby make application for Associate Membership in the Air Condition & Refrig Ind Promo Fund of MA

Enclosed is a check for \$850.00 which represents dues, to be paid each calendar year.

Printed Name and
Title of Applicant

Signature of Applicant

Date
