

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* _____