



APPLICATION FOR AFFILIATE MEMBERSHIP

Membership in this organization shall be limited to North American based persons, corporations, or partnerships engaged in the pre-formed flexible sheet membrane roofing industry. Membership shall not include any of the above whose primary business is installation.

AFFILIATE membership shall be limited to persons, corporations or partnerships whose primary business is professional roof consultation, architectural firms, specifiers, product distributors, sales representatives, testing agencies and research agencies. Policies governing the granting of membership to, and the participation of, affiliate members shall be determined by the Board of Directors.

We, the undersigned, do hereby make application for membership in SPRI. We agree to abide by the Articles of Incorporation and Bylaws of SPRI, to pay all levied dues and assessments, and to offer our cooperation in the activities of SPRI to further its objectives consistent with SPRI's Bylaws, policies and requirements.

COMPANY/BUSINESS _____

ADDRESS _____

CITY/STATE/ZIP _____

COUNTRY _____ PHONE _____ FAX _____

EMAIL _____

HOME PAGE _____

My affiliate membership falls into the following category (choose one)

- | | |
|---|--|
| <input type="checkbox"/> Type 12 - Professional Roof Consultant | <input type="checkbox"/> Type 15 - Product Representative |
| <input type="checkbox"/> Type 13 - Architect/Specifier | <input type="checkbox"/> Type 16 - Testing and Research Agencies |
| <input type="checkbox"/> Type 14 - Product Distributor | |

Annual membership dues:

Types 12 through 16 First year's dues is \$1,275.00, which is 1/2 of the full dues rate of \$2,550.00. After the first year, Member pays full amount of current dues rate.

Required:
Attach an explanation and any necessary information which describes your company/business' functions and establishes how your organization qualifies for one (or more) of the above listed SPRI Regular Member categories.

If the applicant is affiliated with another company/business which would not likely qualify for SPRI Membership, please include sufficient information to establish that the applicant-organization for SPRI Membership is clearly and demonstrably a separate legal entity, and functions independently from the applicant's other related company and/or business.

BY _____ DATE _____
Signature Title

NAME _____
(Please print or type)

Please provide the contact information for any additional company representatives that you would like added to the SPRI Member database on the reverse side of this application.

List additional representatives you wish to receive SPRI's meeting notices and association information:

Full Name

Title

Address

email

Full Name

Title

Address

email

Full Name

Title

Address

email

Full Name

Title

Address

email

Full Name

Title

Address

email

Full Name

Title

Address

email

**Please return this form
with dues payment to:**

SPRI Headquarters
465 Waverley Oaks Road, Suite 421
Waltham MA 02452
info@spri.org
(781) 647-7026 Fax (781) 647-7222

Revised 01/13/19