

SEICA Application for Membership



Full Name of Company: _____
Address: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Website URL: _____

Names, titles, officers, managers, and number of years in industry

1. _____
2. _____
3. _____
4. _____

Length of time company has been in business: _____

Company's primary business (type of work done): _____

Letter of recommendation from a SEICA member who sponsors your application for membership:

Sponsor Name: _____

Company Name: _____

List name or names as they will appear in Membership Book and for Roll Call, and www.seica.org

Member Name	Member email address	Member Spouse Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dues and Fees: Enclose a check payable to SEICA in the amount of \$325.00. This includes the dues for the first year (\$300.00).

Mail to: Southeastern Insulation Contractors Association
P.O. Box 11242
Knoxville, TN 37939