



## APPLICATION FOR CONTRIBUTING SPONSOR MEMBERSHIP

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

WEBSITE \_\_\_\_\_ EMAIL \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

CORPORATION

PARTNERSHIP

INDIVIDUAL

PRINCIPAL OFFICERS:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MANAGEMENT PERSONNEL WHO WILL REPRESENT COMPANY IN EXERCISING THE PRIVILEGES OF MEMBERSHIP IN **MFASC** AND RECEIVE ASSOCIATION MAIL.

\_\_\_\_\_  
OFFICIAL REPRESENTATIVE

\_\_\_\_\_  
ALTERNATIVE REPRESENTATIVE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TITLE

SPONSORED BY: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

### ANNUAL BILLING - \$950

We hereby apply for membership in the Metal Finishing Association of Southern California and/or in the National Association for Surface Finishing. We agree to abide by the Associations' Bylaws and Code of Ethics and to pay dues as required (dues are payable in advance). A check for our first year's dues is enclosed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<p align="center"><b>Application approved by MFASC Board of Directors</b></p> <p align="center">Date _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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WHAT FIELD OR FIELDS DOES THE COMPANY SPECIALIZE IN?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WHAT IS YOUR PRIMARY PURPOSE IN WANTING TO CONTRIBUTE TO **MFASC**?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAMES OF PEOPLE WHO MAY ATTEND MEETINGS:

_____	NICKNAME _____
_____	NICKNAME _____
_____	NICKNAME _____

*FOR FURTHER INFORMATION, CALL, WRITE, or, E-MAIL:*

**MFASC HEADQUARTERS**

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