

## **APPLICATION FOR MEMBERSHIP**

Н		Has a finishing	Applying for Associate Membership (Captive Shop) las a finishing operation, finishes own products, less than 50% job nop work is taken in.				
NAME OF COMPANY							
ADDRESS							
CITY STA'  YEAR ESTABLISHED NUMBER	ГЕ	ZIP E-MAIL:		TELEPHO	NE () _		
YEAR ESTABLISHED NUMBER	OF EMPLOY	EES		FAX (	_)		
CORPORATION _ PARTNERSHIP _ INI	DIVID UAL _		PLANT AI	REA		SQ. FT.	
PRINCIPAL OFFICERS NAME	_	TITLE					
NAME	_	TITLE					
NAME	_	TITLE					
MANAGEMENT PERSONNEL WHO WILL REPRESE MFASC AND RECEIVE ASSOCIATION MAIL.  OFFICIAL REPRESENTATIVE	ZVI COMI AIV	- —			RESENTATIVE		
TITLE				TITLE			
IN MAKING APPLICATION FOR MEMBERSHIP IN AND NASF, WE AGREE TO ABIDE BY THE ASSOC BY-LAWS, AND TO PAY DUES AS REQUIRED (DUPAYABLE IN ADVANCE). A CHECK FOR OUR FIR QUARTER'S DUES IS ENCLOSED.  WE HAVE BEEN ADVISED OF THE PRIVILEGES AS RESPONSIBILITIES OF MEMBERSHIP.	IATIONS' ES ARE ST			Date:		Directors	
SIGNATURE							
TITLE DATE		<u>ACTIVE</u>					
SPONSORED BY:		11-20 EN	MPLOYEES			\$525.00 \$655.00 \$830.00	
COMPANY:						\$965.00	
		ASSOCI	ATE MEMBI	ER	(Ca	<u>APTIVE SHOP)</u> \$965.00	

## INFORMATION REQUIRED FOR PROCESSING APPLICATION

PROCESSES PERFORMED IN PLANT (NOT SUBCO	ONTRACTED)	
COMPANY OPERATES SHIFTS: PRIMARY FIELD OF ACTIVITY:	UNION SHOP	NON-UNION SHOP
DEFENSE% COMMERCIAL PLEASE GIVE A BRIEF DESCRIPTION OF YOUR C	_% COMPANY AND MAJOR SPE	CIALIZATION:
WHAT IS YOUR PRIMARY PURPOSE IN WANTING	G TO JOIN THE <b>MFASC</b> ?	
AS A MEMBER, WHAT OBJECTIVES WOULD YOU	U LIKE TO SEE THE <b>MFASC</b>	PURSUE?
WHAT ASSOCIATION ACTIVITIES DO YOU BELIIPROGRAMSMEMBERSHIPINSURANCESPECIAL EVENTS OTHER (Please specify)	MILSPECS EDUCATION	

## **VOLUNTEERS RECEIVE MUCH MORE THAN THEY GIVE**

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

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