



METAL FINISHING ASSOCIATION OF SOUTHERN CALIFORNIA INC.

APPLICATION FOR SUSTAINING MEMBERSHIP

CLASSIFICATION:

_____ Applying for Active Membership (Job Shop)

_____ Applying for Active Membership (Captive Shop)

Has a finishing operation, finishes own products, less than 50% job shop work is taken in.

_____ Applying for Insurance Membership

NAME OF COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE (____) _____

E-MAIL: _____ FAX (____) _____

YEAR ESTABLISHED _____ NUMBER OF EMPLOYEES _____

CORPORATION ____ PARTNERSHIP ____ INDIVIDUAL ____ PLANT AREA _____ SQ. FT.

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

IN MAKING APPLICATION FOR MEMBERSHIP IN THE MFASC AND NAME, WE AGREE TO ABIDE BY THE ASSOCIATIONS' BY-LAWS, AND TO PAY DUES AS REQUIRED (DUES ARE PAYABLE IN ADVANCE). A CHECK FOR OUR FIRST QUARTER'S DUES IS ENCLOSED.

WE HAVE BEEN ADVISED OF THE PRIVILEGES AND RESPONSIBILITIES OF MEMBERSHIP.

_____ SIGNATURE

MEMBERSHIP DUES: ANNUAL BILLING \$2,400.00

_____ TITLE DATE

<p>Application approved by MFASC Board of Directors Date: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

SPONSORED BY: _____

COMPANY: _____

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 _____

VOLUNTEERS RECEIVE MUCH MORE THAN THEY GIVE

FOR FURTHER INFORMATION, CALL OR WRITE:
MFASC HEADQUARTERS
P.O. BOX 923695
SYLMAR, CA 91392-3695
(818) 367-0234
(818) 367-0904 FAX

DANIEL A. CUNNINGHAM, Executive Director