



1130 K Street, Suite 210
Sacramento, CA 95814
(916) 441-3300 – Phone/ (916) 441-3893 - Fax

MEMBERSHIP APPLICATION

Company _____ Date Company Established _____
Official Representative _____ Title _____
Address _____
City, State, Zip _____
Phone _____ Fax _____ Sponsor _____
E-Mail _____ Website Address _____

OTHER OFFICE OR PLANT LOCATIONS: _____

PLEASE CIRCLE THE STATES IN WHICH YOU REGULARLY CONDUCT BUSINESS:

AZ CA NM NV OR

WE HEREBY REQUEST OUR REGULAR MEMBERSHIP IN THE CATEGORY CHECKED BELOW:

- Manufacturer (Companies engaged in manufacturing of DSA-Approved classrooms)
- Must have a DSA-Approved plan.
 - Must have already constructed a DSA-Approved classroom.

Please list the Types of Structures you provide (Describe in 15 words or less): _____

WE HEREBY REQUEST ASSOCIATE MEMBERSHIP IN THE CATEGORY CHECKED BELOW:

- Associate/Supplier of Materials (Companies engaged in manufacturing or distribution of equipment or materials to SFMA members).
- Associate/Supplier of Services (Companies engaged in distribution of services to SFMA members).
- Associate/Financial Services (Companies engaged in providing financial underwriting to SFMA members).

Please list the Products, Services or Programs you provide (Describe in 15 words or less): _____

MEMBERSHIP FEE STRUCTURE

REGULAR MEMBERSHIP
\$600.00 Per Month Billed Quarterly

ASSOCIATE MEMBERSHIP
\$700.00 Per Year Billed Yearly

Membership Dues Enclosed \$ _____
(Made Payable to School Facility Manufacturers' Assoc.)

COMMENTS:

I agree to abide by the Bylaws governing the School Facility Manufacturers' Association and the policies established by the Board of Directors.

Signature: _____ Date: _____

Return Form with Payment, a Company Profile and Company Brochure to:

SFMA, 1130 K Street, Suite 210, Sacramento, CA 95814

For Your Information: As an Associate Member, upon written request, your company can make presentation at any of our meetings held throughout the year (to show new products or review existing products, etc.). To schedule a presentation, please call our office. 916/441-3300.



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Name of Manufacturer _____

Address/State/Zip _____

Phone _____ Fax _____

Website Address _____ E-Mail _____

Contractor's License Number _____

Date Company Formed _____ Former Company Name _____
(*min 1 year)

PC Number _____
(24' x 40) (30' x 32') (Building Size) (Building Size)

Owner(s) _____

Plant Manager _____ Engineering Manager _____

Purchasing Manager _____ Field Operations _____

Other Information:

Are you licensed in any other state? _____ State/Lic. No. _____

Type & percentage of units built: Steel Frame _____
Shear Wall _____
Custom _____
Standard _____

Other Comments:

Estimated maximum square footage per day that could be manufactured by your facility:
_____ or number of units _____ size _____
(sq. ft.)

*Must certify = Manufacturing D.S.A., Title 24, Factory Built, Modular Buildings (Minimum (1) one year).



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Associate Members (Non-voting Vendors/Suppliers/Subcontractors)

Name of Company _____

Address/State/Zip _____

Phone _____ Fax _____

Website Address _____ E-Mail _____

Contractor's License Number _____

List of Products or Services: _____

Name of Company Representatives: _____

Other office or plant locations: _____

Other Comments: _____
