

MEMBERSHIP DIRECTORY INFORMATION

Please indicate the type of work your firm is engaged in by circling the appropriate numbers and letters:

- | | |
|------------------------------|------------------------|
| 1. Ventilating | 8. Engineering |
| 2. Air Conditioning | 9. Roofing |
| 3. Heating | 10. Retrofitting |
| 4. Sheet Metal Specialties | 11. Testing/Balancing |
| 5. Architectural Sheet Metal | 12. Energy Auditing |
| 6. Pollution Control | 13. Indoor Air Quality |
| 7. Material Handling | |
| A. Industrial | D. Residential |
| B. Commercial | E. Institutional |
| C. Light Commercial | |

MEMBERSHIP ROSTER INFORMATION

1st Registered Representative:

Full Name: _____

Spouse's Name: _____

Home Address: _____

Home Telephone No.: _____

2nd Registered Representative:

Full Name: _____

Spouse's Name: _____

Home Address: _____

Home Telephone No.: _____