



National Association for Surface Finishing

2012 Job Shop Membership Form

JOB SHOP: Those business entities whose primary operations are surface finishing processes (note: adjusted dues are available for companies who perform precious metals plating or related processes by contacting NASF). Membership includes all employees. Please provide additional contacts interested in receiving NASF information.

1155 Fifteenth Street, NW, Suite 500 • Washington, DC 20005 • Phone: 202-457-8404 • Fax: 202-530-0659 • www.nasf.org

Please complete the form below so NASF has your Primary Member in writing pursuant to the NASF bylaws Article III Section I: "Each corporate member shall designate in writing an owner, officer or member of its senior management to serve as the Primary Member with respect to the affairs of the Association."

Contact Info

Name (Primary Member) _____ Title: _____

Company _____

Company Address _____

City _____ State _____

Country _____ Zip Code _____

Work Email _____ Phone _____ FAX _____

Home Address _____

City _____ State _____

Country _____ Zip Code _____

Home Phone _____ Home Email _____

Preferred Address: Company Home (Please Check)

Membership Options

Job Shops with a local affiliate or branch in their area, have a dual membership and dues are collected through their local organization. Job Shops without a local affiliate or branch should complete this application.

| Job Shop Membership | Dues |
|---|--------|
| <input type="checkbox"/> Large > 15 M | \$2500 |
| <input type="checkbox"/> Medium < 15 M | \$1800 |
| <input type="checkbox"/> Small 1 M > 3 M | \$1200 |
| <input type="checkbox"/> Small Corporate* < 1 M | \$550 |

*Less than 1 million in sales and/or less than six employees and not an NASF corporate member for past 5 years

Voluntary Contribution

AESF Education Foundation \$50

Total Amount paid \$ _____

Payment Options

Check enclosed for \$ _____ Please make checks payable to NASF (Funds must be in U.S. currency drawn on a U.S. bank or credit cards only.)

Type of Card: American Express MasterCard VISA

Card #: _____ Exp. Date: _____

Name on card: _____

Billing Address: _____

Signature _____

*If billing contact differs from member contact, please indicate contact information below:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Return

CONTACT: Philip Assante at 703-887-7235

EMAIL TO: passante@nasf.org

FAX TO: 202-530-0659

MAIL TO: National Association for Surface Finishing
1155 Fifteenth Street, NW, Suite 500
Washington, DC 20005



National Association for Surface Finishing

2012 Job Shop Membership Form (additional members)

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Contact Info

Name _____ Title: _____
Company _____
Company Address _____
City _____ State _____
Country _____ Zip Code _____
Work Email _____ Phone _____ FAX _____
Home Address _____
City _____ State _____
Country _____ Zip Code _____
Home Phone _____ Home Email _____
Preferred Address: Company Home (Please Check)

Contact Info

Name _____ Title: _____
Company _____
Company Address _____
City _____ State _____
Country _____ Zip Code _____
Work Email _____ Phone _____ FAX _____
Home Address _____
City _____ State _____
Country _____ Zip Code _____
Home Phone _____ Home Email _____
Preferred Address: Company Home (Please Check)

Contact Info

Name _____ Title: _____
Company _____
Company Address _____
City _____ State _____
Country _____ Zip Code _____
Work Email _____ Phone _____ FAX _____
Home Address _____
City _____ State _____
Country _____ Zip Code _____
Home Phone _____ Home Email _____
Preferred Address: Company Home (Please Check)