



National Association for Surface Finishing

2012 Supplier Membership Form

SUPPLIER: Those business entities engaged in the manufacture, sale and/or development and provision of equipment, materials or processes used in surface finishing, including entities that provide consulting services. Supplier dues are based on annual sales revenue associated with the surface finishing industry (note: adjusted dues are available to distributors/ reps 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

Corporate Supplier Membership	Dues
<input type="checkbox"/> Large > \$23M	\$11,000
<input type="checkbox"/> Medium 1 \$6M – < \$23M	\$5500
<input type="checkbox"/> Medium 2 \$3M – < \$6M	\$2200
<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 #: _____

Expiration 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

QUESTIONS: 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



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(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)