

Southeastern Insulation Contractors Association  
 PO Box 9688, Norfolk, VA 23505  
 Voice mail: 757-583-8581  
 Email: seica@cox.net



## SEICA Application for Membership

Date: \_\_\_\_\_

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_

Regular Membership:     Contractor             Distributor  
 Associate Membership:     Manufacturer             Manufacturer's Rep             Consultant  
 Years in Business: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

List name or names of members as they will appear in Membership Directory and on the mailing list for SEICA publications: (If address differs from above, please note on back of application or on a separate sheet)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

An active SEICA member must sponsor your application for membership.

Sponsor Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

**Payment:** Enclose check payable to SEICA in the appropriate amount & mail to:  
**SEICA**  
 PO Box 9688  
 Norfolk, VA 23505

**Enclosed Payment:** \_\_\_\_\_

### Schedule of Dues & Fees for Regular Members (Contractors and Distributors)

	<u>Initiation Fee</u>	<u>Membership Dues</u>
Primary Location:	\$25.00	\$350.00
Other Locations:	\$25.00	\$300.00

### Schedule of Dues & Fees for Associate Members (Manufacturers, Agents, Consultants)

\$25.00	\$600.00
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*Note: Initiation Fee is a onetime charge to cover administration of application plus your SEICA plaque.*