



ASSOCIATE MEMBERSHIP

The New York State School Facilities Association (NYSSFA) is a non-profit organization founded in 1954. SFA was formed to meet the changing needs of school facility management personnel throughout New York State. **Associate Members** may consist of any firm or suppliers of material or equipment to educational facilities, or any NYS registered architect or consulting professional engineering firm engaged in the design and/or construction of educational facility projects in NYS.

Associate Member Information

1-5 6-10 11+

COMPANY NUMBER OF REPRESENTATIVES

PRIMARY REPRESENTATIVE NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

ADDITIONAL MEMBERS: PLEASE COMPLETE FORM ON BACK

Product/Service Category *(Please check all that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Quality/Water Treatment | <input type="checkbox"/> Gates/Fences/Enclosures | <input type="checkbox"/> Roofing Systems/Repair |
| <input type="checkbox"/> Architecture/Engineering | <input type="checkbox"/> Graffiti Removal/Power Wash | <input type="checkbox"/> Security Systems |
| <input type="checkbox"/> Athletic Equipment/Field/Supplies | <input type="checkbox"/> Health/Safety Consultation | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Building Supplies/Equipment | <input type="checkbox"/> HVAC/Boilers | <input type="checkbox"/> Technology/Software |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Janitorial Supplies | <input type="checkbox"/> Telecommunications/Sound/Acoustics |
| <input type="checkbox"/> Door Service/Partitions | <input type="checkbox"/> Landscape/Outdoor/Equipment/Fencing | <input type="checkbox"/> Window Systems/Repair/Stage Curtains |
| <input type="checkbox"/> Energy Consultation/Management | <input type="checkbox"/> Lighting & Supplies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fire Prevention/Retardant | <input type="checkbox"/> Paint Supplies | |
| <input type="checkbox"/> Floor Covering/Supplies | <input type="checkbox"/> Plumbing Equipment/Supplies | |
| <input type="checkbox"/> Furniture/Repair/Service | <input type="checkbox"/> Risk Management | |

Chapter Affiliation *(Please check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Capital District | <input type="checkbox"/> Mid-State | <input type="checkbox"/> Rockland County |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> Nassau County | <input type="checkbox"/> Southeastern |
| <input type="checkbox"/> Central Western | <input type="checkbox"/> Niagara Frontier | <input type="checkbox"/> Southern Finger Lakes |
| <input type="checkbox"/> Chautauqua County | <input type="checkbox"/> North Country | <input type="checkbox"/> Southern Tier |
| <input type="checkbox"/> Genesee Valley | <input type="checkbox"/> Northern Catskill | <input type="checkbox"/> Suffolk County |
| <input type="checkbox"/> Mid-Hudson | <input type="checkbox"/> Oswego County | |

I agree the information provided above is accurate to the best of my knowledge.

PRIMARY MEMBER SIGNATURE DATE

Membership Dues

| Sliding Scale Description | Amount |
|--|---------------------|
| Corporate Members with 1-5 Representatives | \$295.00 per person |
| 6th-10th Representative (Same Corporate Member) | \$175.00 per person |
| 11th Representative and up (Same Corporate Member) | \$100.00 per person |
| Legislative Program Support <i>(Optional)</i> | \$100.00 |
| Amount Enclosed | |

Lobbying Disclosure: Lobbying expenses are nondeductible for Federal income tax purposes and dues paid to Associations are nondeductible to the extent of to the Association's lobbying expenditures. This provision was contained in the Omnibus Budget Reconciliation Act of 1993. The deduction of amounts paid to the Association as ordinary and necessary business expenses is subject to federal limitations imposed as a result of the Association's lobbying activities. It is estimated that 30% of the members' dues are nondeductible.

Payment Information

To continue receiving the benefits of membership, please return this invoice and remit payment upon receipt.

- Check (payable to NYSSFA)
- Credit Card: MasterCard Visa American Express

NAME OF CARDHOLDER

CARD # EXP. DATE SECURITY CODE

SIGNATURE

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

Additional Associate Member Information

REPRESENTATIVE 2: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 3: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 4: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 5: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 6: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 7: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 8: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 9: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 10: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS

REPRESENTATIVE 11: NAME (FIRST, LAST) TITLE

ADDRESS CITY STATE ZIP

PHONE EMAIL WEB ADDRESS