

Georgia Association of Fire Safety Equipment Dealers, Inc.

APPLICATION FOR ACTIVE MEMBERSHIP

Company Name \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Address (mailing) \_\_\_\_\_

Address (physical) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Web \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Company's years in this industry \_\_\_\_\_ Contact's years in this industry \_\_\_\_\_

Company owner (s) & officers \_\_\_\_\_

List other Association Memberships Held \_\_\_\_\_

Georgia State License # \_\_\_\_\_ D O T R. I. N. \_\_\_\_\_

Is the applicant (company) owned or managed by, an employee of a fire department or a type of regulatory or code enforcement agency pertaining to this industry? Y or N

Is the applicant (company) actively engaged in selling, distribution and servicing of fire extinguishers? Y or N

Is the applicant (company) actively engaged in selling, distribution and servicing of pre-engineered or kitchen fire protection systems? Y or N

Is the applicant (company) actively engaged in selling, distributing and servicing of engineered fire protection systems? Y or N

If accepted for membership in the association, I acknowledge the responsibility inherent with the sale and maintenance of fire protection equipment by the industry. I pledge to perform the work, and to serve our customers with the highest degree of honesty, integrity and skill.

I pledge that we will perform all work in strict accordance with legally applicable national, State, and local fire codes and that the violation of these codes may cause for termination from this association. Furthermore, I state that I have the authority to commit this firm or company to such precepts and principles.

My assignees and I also agree that any property of GAFSED will be returned to the association upon my termination of membership.

I hereby certify that I have read the contents of the application and that the information provided herein is true and correct.

\_\_\_\_\_

Signature of authorized representative Title

Date

DUES

Annual Membership    \$250.00  
Fiscal year beginning June 1st and ending May 31st

Partial year prorated membership dues:

Dues prorated at \$20.83 per month to our physical year-end, May 31, and a full year at \$250.00 for the upcoming membership period.

Please forward this application along with payment to:

GAFSED  
P O Box 1622  
Valdosta, Ga. 31603  
Phone: 229-219-0633  
Fax: 888-458-0633