



MEMBERSHIP APPLICATION FORM

Membership Year: September 1, 2013 through August 31, 2014

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Web site: _____

Primary Contact Name: _____

Phone: _____ Fax: _____ Cell: _____

Description of Business (max. 50 words, for Directory): _____

Membership type Licensed Contractor (General or Sub) Associate Member

	<i>Residential</i>	<i>Commercial</i>	<i>Dual</i>
<i>License Number:</i>			
<i>License Type:</i>			

FH Business Lic. No.: _____

I confirm that the above licenses are in good standing at the date shown below:

Signed: _____ Date: _____

Annual Dues: \$150.00 total, includes \$25.00 for the FHALC Scholarship fund.
 Please make your check payable to: **FHALC**.