

Fire Sprinkler Contractors Association of Texas



NEW MEMBER APPLICATION FORM

January 1 through December 31, 2017

TOTAL DUE: \$300.00 Corporate Office
Additional Branch Offices: \$50.00 each

TYPE OF MEMBERSHIP: CONTRACTOR MEMBER _____
Provide Your SCR No. (Voting Only)

ASSOCIATE MEMBER _____
(Non-Voting)

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____

FAX: _____

CELL PHONE (optional): _____

E-MAIL ADDRESS: _____

(Please print clearly. Use capital letters and lower case letters as they appear in your screen name)

CONTACT PERSON(s): _____

MAKE YOUR CHECK PAYABLE TO **FSCATX AND REMIT TO:**

FSCATX
P.O. Box #5186
Kingwood, Texas 77325-5186

THIS APPLICATION AND YOUR CANCELLED CHECK SERVE AS YOUR RECEIPT