



Application for Membership

Southeastern Fastener Association

...in an industry which "holds the world together"

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

No. Years in Business: _____

Main Contact: _____

(Designated Voting Representative)

Alt. Contact: _____

Email Address: _____

Website: _____

Check One: Distributor Supplier Importer Mfg Rep Service Provider

Sponsorship: (One Distributor and One Supplier)

1.) _____

2.) _____

Annual Renewal of Dues: \$300 Distributors, \$350 Suppliers

Signature: _____ Date: _____

Please fax to (847) 516-6728 or email sefa@theseffa.com

Thank you!

The SEFA, PO Box 473, Lake Zurich, IL 60047

(847) 370-9022