



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: _____ Number of Employees: _____ Number of Locations: _____

Main Contact: _____

(Designated Voting Representative)

Alt. Contact: _____

Email Address: _____

Website: _____

Check One: Distributor Supplier Importer Mfg Rep Service Provider

Product/Service Description

Annual Renewal of Dues: \$375 per company desiring membership. Companies with multiple separate entities desiring membership, contact sefa@thesefa.com for pricing.

Signature: _____ Date: _____

Please email sefa@thesefa.com

Thank you!

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

(847) 732-8338