



Associate Membership Application

PLEASE TYPE OR PRINT ALL INFORMATION EXACTLY AS IT IS TO APPEAR IN ALL BSCAI RECORDS

COMPANY INFORMATION

NAME OF COMPANY _____

ADDRESS _____

CITY / STATE / ZIP CODE _____ COUNTRY _____

COMPANY TELEPHONE NUMBER _____

COMPANY FAX NUMBER _____

COMPANY WEB SITE _____

Number of Employees at Your Company: (Please select one)

Less than 10 11 – 50 51 – 100 101 – 250 More than 250

Services Your Company Provides: (Please select all that apply)

Commercial Schools Retail Restaurants Hospitals/Health Care

CONTACT INFORMATION

OFFICIAL CONTACT'S NAME _____

TITLE _____

OFFICIAL CONTACT'S E-MAIL ADDRESS _____

SIGNATURE OF OFFICIAL COMPANY CONTACT _____

DATE _____

Residential Industrial Other: _____

BSCAI ASSOCIATE MEMBER CATEGORY (Please select one category that best represents you)

Manufacturer Member: A company that manufactures products, equipment, software or services designed for the building service contractor, in-house professionals or other end-users. Membership includes six subscriptions to *Services* magazine.

Dues: \$600 annually

WHAT DO YOU MANUFACTURE? _____

Consultant Member: A company or individual that provides business services to building service contractors, in-house professionals or other end-users. Membership includes two subscriptions to *Services* magazine.

Dues: \$400 annually

WHAT IS YOUR AREA OF EXPERTISE? _____

Distributor Member: A company that warehouses and distributes products, equipment and supplies used by building service contractors, in-house professionals or other end-users. Membership includes two subscriptions to *Services* magazine.

Dues: \$200 annually

WHAT DO YOU DISTRIBUTE? _____

Distributor Affiliate Member: A branch or individual employee of a Distributor Member Firm. Membership includes two subscriptions to *Services* magazine.

Dues: \$100 annually

PARENT COMPANY MEMBER _____

ADDRESS OF PARENT COMPANY MEMBER _____

CITY / STATE / ZIP CODE _____ COUNTRY _____

Associate Affiliate Member: A branch or individual employee of a Distributor Member Firm. Membership includes two subscriptions to *Services* magazine.

Dues: \$75 annually

PARENT COMPANY MEMBER _____

ADDRESS OF PARENT COMPANY MEMBER _____

CITY / STATE / ZIP CODE _____ COUNTRY _____



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NAME OF COMPANY _____

BSCAI MEMBER CODE OF ETHICS

- To operate constantly in accordance with the best and fully accepted ethical business practices...
- To comply with all applicable laws and federal, state and local government regulations...
- To provide all services and products at fair, equitable and non-discriminatory charges...
- To furnish adequate equipment, qualified personnel and products of high quality to achieve and maintain the highest standard of performance...
- To provide courteous and prompt handling of all requests and complaints...
- To recognize and respect the legal right of competitors in the true spirit of individual initiatives and free competitive enterprise...
- To strive for continued improvement of the image and reputation of the industry by good business practices and enlightened public service in the community...
- To contribute regularly to the improvement of the industry's public reputation...
- To participate loyally in the industry's growth and progress through the activities and public interest efforts of the association.

In signing this BSCAI membership application, the applicant agrees to adhere to the BSCAI Code of Ethics shown above and authorizes BSCAI to periodically send association information and other items of interest, via mail, e-mail or fax. This may be revoked with written notification.

I have read and agree to follow the BSCAI Member Code of Ethics. I authorize BSCAI to send me information regarding the Association.

PAYMENT INFORMATION

Non-refundable dues payment must accompany this application. Dues payments are 100% tax deductible as an ordinary and necessary business expense for Federal tax purposes. Checks must be made payable to BSCAI and forwarded with a completed application.

Please indicate payment:

- Check Enclosed MasterCard VISA American Express

CREDIT CARD NUMBER

EXPIRATION DATE

NAME ON CREDIT CARD

SIGNATURE

HOW DID YOU HEAR ABOUT BSCAI? (check all that apply)

- Referred by friend/colleague: _____
- BSCAI e-mail: _____
- BSCAI direct mail: _____
- Industry publication: _____
- Industry Web site: _____

JOIN TODAY

MAIL this application: BSCAI, 401 N. Michigan Ave., Suite 2200, Chicago, IL 60611

FAX this application: 1-312-673-6735

ONLINE application: www.bscai.org

CALL 1-800-368-3414

www.bscai.org