

NATIONAL APPROVED SHUTTER ASSOCIATION
MEMBERSHIP APPLICATION

This application is intended for manufacturers who would like to join NASA in order to gain authorization to build the approved hurricane shutter products offered to its members.

Name: _____ Title: _____

Company Name: _____ Phone: () _____

Business Address: _____ Fax: () _____

City: _____ State: _____ Zip: _____

Website: _____ E-Mail: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Number of Employees _____

What NASA products do you plan to build:

ALL MEMBERS MUST BE LICENSED AND INSURED FOR MANUFACTURE AND/OR INSTALLATION OF HURRICANE PROTECTION PRODUCTS

MEMBERSHIP FEE: \$199.00 annually

- ADDITIONAL COSTS WILL APPLY FOR DADE COUNTY PRODUCT APPROVAL
- ANNUAL FEE IS DUE ON THE FIRST OF JANUARY EACH YEAR (MEMBERSHIP MAY BE REVOKED IF FEE IS NOT PAID WITHIN 30 DAYS OF BECOMING DUE)

MEMBER PROFESSIONAL CONDUCT

As a Member of the NATIONAL APPROVED SHUTTER ASSOCIATION I will:

- 1. Conduct all business in a professional, courteous manner and with respect for my competitors*
- 2. Contribute to the public health, safety and welfare by complying with all applicable building codes, ordinances and regulations.*
- 3. Manufacture and sell only tested and approved products and services.*
- 4. Fulfill contractual and moral obligations completely, keeping my agreements in both letter and spirit.*
- 5. Obtain and keep current all applicable licenses and insurance.*
- 6. Abide by the engineering set forth by the Association and the official Engineer of the Association.*

I HAVE READ ALL OF THE ABOVE INFORMATION AND IF ACCEPTED FOR MEMBERSHIP, I AGREE TO UPHOLD AND ABIDE THE MEMBER PROFESSIONAL CONDUCT.

_____ Signature	_____ Title	_____ Date
_____ Date Approved	_____ Approved By	_____ Signature