



ASSOCIATE MEMBERSHIP APPLICATION

Scientific Equipment and Furniture Association

QUALIFICATIONS FOR ASSOCIATE MEMBERSHIP

Applicant must be a company which has conducted its qualified business continuously for not less than two (2) years prior to the date of application for SEFA membership. Applicant shall be an architect, lab planner/consultant, facility manager or others as deemed appropriate by the Board of Directors. Annual Membership Dues—\$990.00.

We hereby apply for **Associate Membership** in the Scientific Equipment and Furniture Association and submit the following information:

(Please type or print clearly)

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____ Email _____

Website _____

Contact Name _____ Title _____

Telephone _____ Email _____

Secondary Contact _____ Title _____

Telephone _____ Email _____

Provide two (2) references from the laboratory industry (Current SEFA members, architects, contractors or end-users)

1. Firm Name _____ Contact _____

Address: _____

Phone _____ Fax _____ Email _____

2. Firm Name _____ Contact _____

Address: _____

Phone _____ Fax _____ Email _____

The following information must accompany ALL applications :

1. A current Company catalogue/brochure description of your Company's services as it relates to the laboratory industry.
2. A brief description of your company and why you wish to join.

Your Signature _____ **Date:** _____

SEFA World Headquarters

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