



# 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—\$1040.00.

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

1320 Main Street • Ste 300 • Columbia, SC 29201  
Tel: (516) 294-5424 • Email: Barbara@sefalabs.com • Website: sefalabs.com