



# SEFA Executive Membership Application (Manufacturers)

(CONFIDENTIAL)

**Annual Dues: \$6650.00 (US) if annual revenue is more than \$15 million dollars (US)**  
**\$3878.00 (US) if annual revenue is less than \$15 million dollars (US)**

## SECTION 1 – ORGANIZATION

- 1.1. Company Name: \_\_\_\_\_
- Check One: Corporation:  Partnership:  Individual:  Joint Venture:  Other:
- 1.2. Address \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Website: \_\_\_\_\_
- 1.3. Primary Business Contact: \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
- 1.4. How many years has your organization been in business? \_\_\_\_\_
- 1.5. What type of laboratory furniture or equipment do you manufacture? \_\_\_\_\_
- 1.6. Employee Resources:  
 Current number of employees: Manufacturing \_\_\_\_\_ Marketing \_\_\_\_\_ Sales \_\_\_\_\_ Project Management \_\_\_\_\_  
 Design and Specification \_\_\_\_\_ Distribution \_\_\_\_\_
- 1.7. Does your firm have any affiliated subsidiaries? \_\_\_\_\_  
 If yes, please list them \_\_\_\_\_  
 \_\_\_\_\_
- 1.8. Is your firm owned or controlled by another organization? \_\_\_\_\_  
 If Yes, provide name of parent organization: \_\_\_\_\_
- 1.9. Has your firm operated under previous Company names? \_\_\_\_\_  
 If Yes, provide previous Company names: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SECTION 2 – EXPERIENCE

2.1. Complete the chart below listing of the major laboratory furniture projects your organization has in progress. Include the Name of the Project, Owner, Architect and Scheduled Completion Date.

A. PROJECTS IN PROGRESS AND UNDER CONTRACT:

Project Name	Owner	Architect	Start Date	Sched Completion Date

B. BID PROPOSALS:

Project Name	Owner	Architect	Start Date	Sched Completion Date

Complete the Chart below listing the 10 most recently completed laboratory furniture projects over the past three years:

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**SECTION 3 – REFERENCES**

3.1. List five major corporate trade references which supply laboratory component products to you (list name and phone number):

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All applications must be accompanied by two (2) letters of reference one from a Supplier; and one from an Architect/Lab Planner or Customer. In addition, a SEFA Member must complete a SEFA Member Reference Form which we will send directly to them. Please fill in the name of the SEFA Member Company that will provide this reference \_\_\_\_\_

**SECTION 4 – CATEGORIES OF WORK**

4.1. Please list the categories of work your firm normally performs with your own employees:

Healthcare \_\_\_\_\_%      Government \_\_\_\_\_%      Pharmaceutical \_\_\_\_\_%  
K-12 \_\_\_\_\_%      Higher Education \_\_\_\_\_%      Other types \_\_\_\_\_%

4.2. List the name of the largest project you have ever completed, the Contractor you worked for, its value and the year it was completed:

\_\_\_\_\_  
\_\_\_\_\_

4.3. What is your average job size:      \$ \_\_\_\_\_

4.4 What is the approximate size in square meters or square footage of your manufacturing facility: \_\_\_\_\_

4.5 What industry and product certifications (e.g., ISO 9001; BIFMA; etc.) does your company have? Please attach copies to this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5 – COMPLIANCE**

Under Article 3 Section 3.1(a) 4. of SEFA’s By-laws as amended November 5, 2021 *“Applicant shall also submit a certified test report from a SEFA-approved testing facility, establishing that the applicant manufactures laboratory furniture or related equipment at its manufacturing facility which complies with at least one of SEFA’s Recommended Practices in effect at the time the membership application is submitted by the applicant.”*  
**Accordingly, please submit a copy of your test results, as required by Section 3.1(a)(4) of SEFA’s By-Laws, with your application.**

Under Article 3 Section 3.1(a) 5(a) *“In the event SEFA does not have a published Recommended Practice that addresses the applicant’s products(s), the Board will accept independent Third-Party testing from another recognized industry authority such as UL; FM; ANSI BIFMA; EN; etc., with the understanding that the applicant will work within SEFA’s Committee structure to assist with:*

- i. expansion of the scope of a current Recommended Practice in order to incorporate their product; or*
- ii. the development of a new Recommended Practice covering their product.”*

**SECTION 6 – SIGNATURE**

I, \_\_\_\_\_, attest that the information provided herein is true and sufficiently  
(Print name of Corporate Officer)

complete so as not to be misleading.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_