

ADAI Membership Application

Date: _____

Association of Door Assembly Inspectors, Inc.
463 King Philip Street
Fall River, Ma 02724

Qualifications:

Any individual who is actively engaged in the architectural openings industry.

Name: _____

Phone: _____

Home Address: _____

Home City: _____

Sate: _____

ZIP: _____

Company Name: _____

Phone: _____

Address: _____

City: _____

Sate: _____

Zip: _____

Email: _____

Fax: _____

Level of Membership:

(check one)

Inspector

Apprentice

Associate

Inspector: \$200.00 annual fee, includes all rights to vote, to hold office and access to ALL ADAI instructional material

Apprentice: \$100.00 annual fee, includes access to attend meetings and keep up-to-date on what is happening within our Industry

Associate: \$50.00 annual fee: for members who want to remain informed as to the Association's activities and to offer support our Association

Professional Category:

(check one)

Distributor

Manufacturer

Sales Agency

Installation Company

Locksmith

Other

Preferred Mailing Address is:

(check one)

Home

Business

Signature of Applicant

Date