

# Arrowhead Manufacturers & Fabricators Association

## APPLICATION for Membership

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Web Site: \_\_\_\_\_

AMFA Contact Person:

Name: \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

Describe primary function of company: \_\_\_\_\_

Please check one:     Manufacturer         Supplier                 Other

Year Co. founded: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Facility Sq. Footage: \_\_\_\_\_

Are you acquainted with any member of AFMA?     Yes                 No

If yes, who? \_\_\_\_\_ From what company? \_\_\_\_\_

Other associations to which your company belongs? \_\_\_\_\_

A primary objective of AMFA is to serve member needs. What are the three main benefits you want from your membership in AMFA? \_\_\_\_\_

DUES: The dues structure for AMFA is outlined on the right.  
Annual dues are \$250 for Educational and Government members.

No. of Employees	Annual Dues
Sole Proprietor	\$ 75
2-5	\$125
6-15	\$175
16-30	\$250
31-50	\$300
51-99	\$350
Over 100	\$425
Gov/Education	\$250

Make checks payable to: AMFA  
PO Box 150  
Elbow Lake MN 56531-0150

AMFA dues may be deducted as an ordinary business expense,  
But are not deductible as a charitable expense.

Questions? 877-330-2632

Your application for membership will be reviewed at the next AMFA Board of Directors meeting.  
Thank you for your application!