



APPLICATION FOR REGULAR MEMBERSHIP

Date: _____

Name: _____

Address: _____

Phone; _____ Fax# _____ Mobile# _____

Email Address: _____

Employer: _____

Address: _____

Phone # _____ Fax# _____

Length of Employment: _____ Size of Building: _____ Age: _____

Number of Employees: _____ # Elevators _____

Sponsored By: _____

To be completed by Sponsor:

Name: _____ Phone Number: _____

How Long Have You Known Applicant? _____

How Long Is The Applicant At Their Present Location? _____

Sponsor Signature: _____

Applicant Signature: _____

Investigated By: _____

Print Name

Remarks: _____

Signature of Approval: _____

Date: _____

**Note: This Application does not guarantee membership.
All applicants will be subject to interview & approval for membership.
*Dues of \$300.00 must be paid prior or upon initiation.***