



AIR DUCT COUNCIL

1300 Sumner Avenue
Cleveland, OH 44115
T 216-241-7333
www.flexibleduct.org

APPLICATION FOR MEMBERSHIP

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

FAX:

WEBSITE:

PRODUCTS MANUFACTURED / SUPPLIED:

I CERTIFY THAT OUR COMPANY MEETS THE ELIGIBILITY REQUIREMENTS FOR MEMBERSHIP IN THE AIR DUCT COUNCIL AS AN:

ACTIVE MEMBER _____

ASSOCIATE MEMBER _____

I AGREE TO COMPLY WITH ALL BYLAW PROVISIONS AND TO REMIT DUES AND OTHER PAYMENTS WHEN INVOICED.

SUBMITTED BY:

TITLE:

E-MAIL:

PHONE:

DATE: