



## CONTRACTOR MEMBER APPLICATION

*Contractors are persons, firms, corporations or partnerships that provide construction services for Site Built Producer members that involve specific knowledge of the components and building codes applicable to site built safe rooms. Contractor Members may be referred to as sub-contractor's due to specific services and materials (components) they provide.*

Applicant Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

**NOTE:** *The information above will appear on the NSSA Website once approved for membership.*

1. Briefly describe when and how your firm gained the knowledge and expertise of the standards, guidelines and building codes for community safe rooms specific to the services you provide.

2. Briefly describe services you provide the Site Built Producer (general contractor, if applicable) in the construction of Community/Commercial safe room projects. You may attach a list of the projects worked on, if you prefer.

3. Who referred or encouraged you to apply for membership with NSSA?

4. I enclose my membership application payment of \$200. I understand that my payment will be returned if my application is not approved. Furthermore, I understand that I will receive an annual membership renewal notice and that I may be dropped from membership if dues are not received by the due date.

5. I have read the NSSA Bylaws, specifically the Code of Ethics and agree to abide by them. I also agree to support the purpose and objectives of NSSA and uphold its principles of maintaining quality workmanship, compliance with the standards and guidelines and public safety for all Community/Commercial safe rooms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

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### **PAYMENT- Choose One**

I am printing and mailing in my completed application and enclosing a check for \$200.  
*(Mail to one of the addresses listed below).*

I am e-mailing my complete application to [info@nssa.cc](mailto:info@nssa.cc). Please send me a QuickBooks generated invoice so I may pay my membership via credit card (*Visa, MasterCard, American Express, Discover, PayPal, or Bank Transfer*).

### **Send your completed application with copies of your reports to:**

NSSA  
PO Box 41166  
Lubbock, TX 79409-1166

OR

NSSA  
Reese Technology Center  
1103 Fillmore Drive  
Building 250, Room104  
Lubbock, TX 79416

877-700-6772

[info@nssa.cc](mailto:info@nssa.cc)