



PROFESSIONAL MEMBER APPLICATION FOR RESIDENTIAL & PRE-MANUFACTURED SAFE ROOMS

Professional Members are registered architects and engineers who have demonstrated knowledge of and have experience with the application of the ICC/NSSA 500 Standard, FEMA P-361 criteria(guidelines) and building codes that apply to safe room design. The design professionals in this member category have proven, based on previous experience, competent to analyze and/or design safe rooms for Pre-manufactured Residential and Community/Commercial use.

Applicant Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail: _____ Web Address: _____

The information above will appear on the NSSA website once approved for membership

1. Indicate your professional status (check all applicable):

- | | | |
|-----------|------------|--------------|
| Architect | Researcher | Other: _____ |
| Engineer | Educator | |

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

3. Briefly explain your knowledge of ICC/NSSA Standards and FEMA P-361 Guidelines.

4. Indicate the background/experience (can attach resume) in the Residential and Community/Commercial Safe Room industry.

5. I have read the NSSA Standard (defined in the Bylaws) and agree to comply with the standard in all my activities and functions related to shelter design, construction and installation.
6. I enclose my payment of \$200 for membership application (see payment option below). I understand that my payment will be returned if my application is not approved. Furthermore, I understand that I will receive annual membership renewal notices and that I may be dropped from membership if payment is not received by the due date.
7. I, the undersigned, support the Purpose and Objectives of NSSA. I have read the Bylaws and agree to abide by them. I will strive to meet the highest standards for business practices.

Signature

Date

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. 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:

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