



APPLICATION FOR MEMBERSHIP

(Please type or print)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email address: _____

(Check one): Proprietorship Partnership Corporation

Applicant's Principal Representative:

Title: _____

Federal Employer ID or Social Security Number: _____ Sales Tax I.D. _____

Date business established or incorporated: _____

Proof of Insurance

Liability Carrier: _____ Workmen's Comp Carrier: _____

Membership Category: Enclosed is my check for: (check one)

Industry Membership (\$150) – Supplier of products or services to dealers

Dealer Membership (\$75) – Seller to contractors and retail customers

If application for membership is approved, I/we agree to abide the by-laws and rules of the Michigan Door & Operator Dealers Association.

No person, or company, including the undesigned individual, the member company, owners, or any other person claiming through them, or any other person not a party to this agreement shall make any claim or file any lawsuit against MIDODA as the provider of services to its members, for any reason relating to duties and/or obligations if any, and pursuant to the by-laws and purposes of the association, including but not limited to the operation of the member's business, any and all training to the member(s), its owners, employees, and associates and any other activity performed or offered by the association.

Signature: _____

Title: _____ Date: _____

Please return for processing to Allan Asp; c/o Doors of Pontiac; 7611 Highland Rd; Waterford, MI 48327 or fax to 248-666-9150. Questions? Contact Allan at 248-666-9777