



APPLICATION

New Members and Sponsors

Contact Information

Name: _____ Email: * _____

Licenses/Certifications: _____

Company Name: _____ Website: _____

Address: _____

Preferred Phone: _____ Alt. Phone: _____ Fax: _____

Corporate Members: each employee's email address **must be unique. Please provide us with the names, licenses, and emails of additional corporate members on a separate page.*

MEMBERSHIP

Fees are per calendar year: ☐ Individual (\$180) ☐ Corporate (\$540)* ☐ Student (\$0)

Note: memberships initiated after September 30 will be extended to 12/31 of the following year.

**Corporate memberships include 4 employees. Each additional employee is \$135.*

Member Expertise

Please check as many categories as apply to your expertise for your membership listing:

- | | | |
|--|---|---|
| <input type="checkbox"/> Architects | <input type="checkbox"/> Contractors - Other | <input type="checkbox"/> Government |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Engineers - Civil | <input type="checkbox"/> Inspectors |
| <input type="checkbox"/> Building Code Consultants | <input type="checkbox"/> Engineers - Forensic | <input type="checkbox"/> Specialist Consultants |
| <input type="checkbox"/> Contractors - Foundation Repair | <input type="checkbox"/> Engineers - Geotechnical | <input type="checkbox"/> Supply Vendors |
| <input type="checkbox"/> Contractors - General/Builder | <input type="checkbox"/> Engineers - Structural | <input type="checkbox"/> Student Member |
| <input type="checkbox"/> Contractors - Remodel | <input type="checkbox"/> Forensic Consultants | <input type="checkbox"/> _____ |

Member expertise and contact listings on the FPA website are intended to be used by anyone seeking expertise from any particular FPA member. Applicants should choose categories only in which they are qualified and have relevant expertise. Those seeking to be listed under the professional categories of Architect, Engineer, or Attorney, should only choose these categories if they are licensed and lawfully qualified to be listed as such.

SPONSORSHIPS

Fees are per year. Please select each category that applies:

- ☐ Website Sponsor-Member (\$240) ☐ Website Sponsor-Non-Member (\$450)

Payment

Enclosed is my check made payable to FPA in the amount of \$_____.

Signature: _____ Date: _____

Print & Mail to:

Foundation Performance Association, c/o Steve Schilder,
SMS Engineering, PO Box 927, Katy, TX 77492

Questions:

Please email membership@foundationperformance.org

