**MEMBERSHIP APPLICATION**

**FLUID CONTROLS INSTITUTE, INC.**

*Date*

The undersigned applies for general membership in the FLUID CONTROLS INSTITUTE, INC. The products designed, manufactured and sold by the undersigned are

We understand that our membership will continue from year to year until a written resignation has been tendered and accepted by the Board of Directors.

Upon acceptance of this application, the executive voting representative will be the following individual:

*Name:*                                *Title*:

The Sections of the Institute in which we believe our products qualify us as active members are:

|  |  |
| --- | --- |
| [ ]  Control Valve/Regulator/Solenoid Valve Section | [ ]  Secondary Pressure Drainer |
| [ ]  Pipeline Strainer Section |  | [ ]  Steam Trap Section |
| [ ]  Sanitary Section |  |  |

FCI dues are based on the number of employees in the business unit (corporation, firm, partnership, division, or other business organization) that is engaged in the design, manufacture and sale of the products in the scope of the Institute according to the following:

|  |  |  |
| --- | --- | --- |
| **Employees** | **2021 Annual Dues** | **Select Category** |
| 0 - 99 | $2,290 | [ ]  |
| 100 - 249 | $3,790 | [ ]  |
| 250 - 499 | $5,150 | [ ]  |
| > 500 | $6,390 | [ ]  |
| Associate | $1,000 | [ ]  |

**Annual Meeting Fee:** $975.00 *(covers core meeting expenses)*

We understand that our dues and assessments as regular members of the Institute will be those that may be levied from time to time by the Board of Directors.

Signature:

Company:

Address:

Telephone:                     Fax:

E-mail Address:

URL:

*Return to:*

Fluid Controls Institute, Inc.

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