

Membership Application 2016

Applicant Information

Company Name: _____

Contact Name: _____

Last _____ *First* _____ *M.I.* _____

Address: _____

Street Address _____ *Suite* _____

City _____ *State* _____ *Country and Postal Code* _____

Office Phone No.: _____ Fax No.: _____

Email Address: _____ Mobile Phone No.: _____

Business Description. The following categories best describe my business. Check all that apply.

- Device Manufacturer
- Insurance Services
- Online Seller
- Liquid Manufacturer
- Wholesaler/Distributor
- Legal Professional
- Flavor Supplier
- Retail Vape Shops
- Academic/University
- Investment Company/Advisor
- Importer
- Other: _____

Membership Election

I have read the membership descriptions on the SFACOIL Membership Classes and Dues form. Subject to the By-laws of the Association, please enroll my company as a Member or Friend of the Smoke Free Alternatives Coalition of Illinois in the class I have checked below and at the identified financial level I have indicated below. I understand that our dues or other payment applies to calendar year 2016. I have indicated the appropriate payment below:

- Industry Member.** Recognized as members, with right to elect Board members and serve on the Board.
- Founding Member.** An Industry Member that makes an annual commitment of \$25,000. Founding Members will receive recognition at SFACOIL events and on SFACOIL publicity as a Founding Member.
- Associate Member.** Recognized as members, but shall not vote on any matter and shall not be eligible for the Board.
- Contributor.** Recognized as a Contributor only. No access to meetings, voting rights, and not eligible for the Board.

2016 Dues: \$ _____

Signature of Applicant: _____ Date: _____

SFACOIL Enrollment Approval: _____ Date: _____

Please e-mail your completed form to board@sfacoil.org and

This organization was founded on a tradition of honesty, integrity, and a commitment to serving Illinois. You are signing this document with these principles in mind and it is expected of you as a member to uphold these values. If any of this document is in any way falsified, your membership in SFACOIL could be null and void.

Exhibit B

use one of the payment methods identified on the payment options on our website.

Rev. 8/30/2016

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