



SEFA Sustaining Member Application – Non Voting
(CONFIDENTIAL)

Annual Dues: \$3555.00 if annual revenue is more than \$15 million dollars
\$1777.00 if annual revenue is less than \$15 million dollars

ALL APPLIATIONS MUST BE ACCOMPANIED BY 3 LETTERS OF REFERENCE FROM THE FOLLOWING:
(1) A SEFA member; (2) A Supplier; and (3) An Architect/Owner or Lab Planner

SECTION 1 ORGANIZATION

1.1. Company Name: _____

Check One: Corporation: Partnership: Individual: Joint Venture: Other:

1.2. Address _____ City: _____

State: _____ Postal Code: _____ Country: _____ Website: _____

1.3. Primary Business Contact: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

1.4. How many years has your organization been in business? _____

1.5. Does your company have any affiliated subsidiaries? _____

If yes, please list them _____

1.6. Is your company owned or controlled by another organization? _____

If Yes, provide name of parent organization: _____

1.7. Has your company operated under previous Company names? _____

If Yes, provide previous Company names: _____

SECTION 2 EXPERIENCE

2.1. Complete the chart below listing five current projects

Project Name	Owner	Architect	Start Date	Sched Completion Date

2.2. Complete the Chart below listing the 5 most recently completed laboratory furniture projects over the past three years:

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

SECTION 3 REFERENCES

3.1. List five major corporate trade references which supply laboratory component products to you (list name and phone number):

SECTION 4 CATEGORIES OF WORK

4.1. Please list the categories of work your firm normally performs with your own employees:

- a. Manufacturing _____
- b. Marketing _____
- c. Sales _____
- d. Project Management _____
- e. Design and Specification _____
- f. Distribution _____

4.2. List the approximate annual percentages next to each market segment serviced by your firm over the past 5 years:

Healthcare _____% Government _____% Pharmaceutical _____%
K-12 _____% Higher Education _____% Other types _____%

4.3. List the name of the largest project you have ever completed, the Contractor you worked for, its value and the year it was completed:

4.4. What is your average job size: _____ Largest to date: _____

SECTION 5 – SIGNATURE

I, _____, attest that the information provided herein is true and sufficiently
(Print name of Corporate Officer)

complete so as not to be misleading.

Signature: _____

Date: _____