



## INSTALLER MEMBER APPLICATION

*Installer members are persons, firms, corporations, or partnerships who install safe rooms for Producer Members and who bear responsibility for compliance with installation and inspection instructions provided by the Producer Member. Installer Members can apply the appropriate NSSA seal supplied to them by the Producer Member for whom they are installing.*

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

*The information above will appear on the NSSA website once approved for membership*

1. Describe your business or professional qualifications/experience relevant to installing safe rooms/storm shelters. Please include the ***name of the Producer Member your company will be installing*** for. You may attach additional information if preferred.

2. Describe the types of safe rooms/storm shelters you are capable of installing, (above-ground, below-ground).

3. Who referred or encouraged you to apply for membership with the NSSA?

4. Recognizing this company's responsibility to the public and to fellow NSSA members, I hereby pledge that this company shall install shelters produced by NSSA Producer Members. I pledge to install shelters according to installation and inspection instructions provided by the shelter Producer Member.

5. I further agree to notify the safe room/storm shelter producer of any questions or concerns over quality of shelters being installed or the installation and inspection instructions provided and to contact the President or Executive Director of NSSA in the event that quality concerns are not resolved through discussions with the Producer Member. The Producer Member will submit to engineering inspections of installations by NSSA approved agencies to verify compliance with the standard of the installation.

6. I agree to support the Purpose and Objectives of NSSA. I have read the Bylaws which include the Code of Ethics and I agree to abide by them and meet the highest standards for business practices. Copies of all marketing brochures and product warranties that refer to NSSA will be filed with NSSA.
7. I enclose my membership application payment of \$200 (see payment option below). I understand that my payment will be returned if my application is not approved. Furthermore, I understand that I will receive annual membership renewal notices and that I may be dropped from membership if dues are not received by the due date.

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Signature

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Date

### **PAYMENT – Choose One**

I am printing and mailing in my completed application and enclosing a check for \$200.  
*(Mailing to one of the addresses listed below)*

I am e-mailing my complete application to [info@nssa.cc](mailto:info@nssa.cc). Please send me a QuickBooks generated invoice so I may pay my membership via credit card (*Visa, MasterCard, American Express, Discover, PayPal, or Bank Transfer*).

### **Send your completed application to:**

NSSA

PO Box 41166

Lubbock, TX 79409-116

**OR**

NSSA

Reese Technology Center

1103 Fillmore Drive

Building 250, Room 104

Lubbock, TX 79416

Lubbock, TX 79416

877-700-6772

[info@nssa.cc](mailto:info@nssa.cc)