



APPLICATION FOR MEMBERSHIP

7439 Millwood Drive
 West Bloomfield, Michigan 48322
 (248) 432-7153
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Painting & Disaster Restoration Academy, LLC represents the interests of the painting and disaster restoration industry by promoting installation excellence through cooperative efforts with manufacturers, dealers, distributors and others committed to increasing the value, vitality, and viability of the installation industry. If your business needs qualified installers in these two areas you need to become a member. Join as a member today!

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Website Address: _____

Name of Owners, Officers, Foremen you want listed in the Company Membership Directory and as contacts in the database:

Name(s): _____

Title(s): _____

E-Mail(s): _____

Describe the nature of your company/business, including specialties:

CONTRACTOR MEMBERS – PLEASE COMPLETE THE FOLLOWING: Annual

Sales: Please place an checkmark in the box that applies to your company

- Under 1,000,000
 \$ 1,000,000 to \$3,000,000
 \$3,000,000 to \$5,000,000
 \$5,000,000 to \$10,000,000
 \$10,000,000 to \$15,000,000
 \$15,000,000 to \$25,000,000
 \$25,000,000 and over

Number of Installers:

- 1-5 installers
 6-10 installers
 11-15 installers
 16-25 installers
 26-40 installers
 41-60 installers
 61 installers and over

Business Mix: _____ % Commercial _____ % Residential

(Please complete and sign other side)

Membership Directory Category listing: Please place an "X" for the services you would like listed in the directory.

- Perform Commercial Painting Perform Residential Painting
- Perform Industrial Painting Water Mitigation Fire & Smoke restoration
- Mold Remediation Wind & Storm damage Restoration Crime & Vandalism clean up
- IICRC Certified School

Membership Dues:

- Annual Dues \$750**
- Voluntary scholarship funding \$500; \$1,000; \$2,000; \$5,000**

I certify that this information is true and correct.

Enclosed is payment of \$ _____ for one year's dues and any scholarship fund contribution

Check enclosed – mail to 7439 Millwood Drive, West Bloomfield, MI 48322

- Mastercard Visa American Express Discover

Account #: _____ Expiration date: _____ Code: _____

Authorized Signature _____ Title _____

Printed Name _____ Date _____

I was referred to the Academy by: _____