



National Independent Fire Alarm Distributors Association

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www.nifad.com

Member Profile

Company Name _____

Owner or President _____

Alternate Representative _____

Street Address _____

PO Box / Mailing Address _____

City, State, ZIP + 4 _____

Phone Number _____ Fax _____

E-mail _____ Website _____

Years in Business _____ Number of Employees _____

Geographic Area of Service _____

NIFAD Member Since _____

List Other Trade Association Memberships _____

List Professional Credentials _____

Lines of Equipment

Fire Alarm _____ Wire and Cable _____ Security _____

Intercom _____ Sound _____ MATV _____

Card Access _____ CCTV _____ Nurses Call _____

Other _____ Other _____ Other _____
