



ASSOCIATE MEMBER APPLICATION

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE(S):

NAME	TITLE	E-MAIL

NATURE OF BUSINESS:

If accepted for membership, I hereby affirm that I am regularly engaged in the mechanical contracting industry and will abide by the Constitution and By-Laws of the Mechanical Contractors Association of Eastern Missouri and agree to pay such dues, assessments and Industry Fund payments as prescribed by the By-Laws and the Board of Directors (including the Dues Investment of the local organization). I understand that all dues are to be paid in advance. I further understand that membership in the local organization includes membership in the Mechanical Contractors Association of America and Mechanical Service Contractors Association of America.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

- ( ) CREDIT CARD – CONTACT MCA OFFICE
- ( ) CHECK ENCLOSED FOR \$400.00 FOR FIRST YEAR MEMBERSHIP DUES MADE PAYABLE TO THE MECHANICAL CONTRACTORS ASSOCIATION OF EASTERN MISSOURI, INC.

MAIL TO: Mechanical Contractors Association of Eastern Missouri  
10825 Midwest Industrial Boulevard  
St. Louis, Missouri 63132  
OR julie@mca-emo.com

**For MCA Office Use Only:**

Accepted: \_\_\_\_\_

Declined: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_