



CONTRACTOR 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 \$500.00 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: _____