



CONTRACTOR MEMBER APPLICATION

Company Name _____

Street Address _____

City, State, Zip Code _____

Phone _____ Fax _____

Website Address _____

Nature of business _____

Authorized Representatives

Name _____

Title _____

Email _____

Phone _____ Ext _____ Cell _____

Name _____

Title _____

Email _____

Phone _____ Ext _____ Cell _____

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 _____

All applications will be reviewed by the MCA Board of Directors. Once approved, you will be invoiced for annual dues of \$500 (pro-rated quarterly) and asked to submit your company logo. We will include you in our Contractor Member database so that you receive all relevant communications and invitations.