

MCAW



APPLICATION FOR MEMBERSHIP

THE UNDERSIGNED firm hereby makes application for membership in the

MECHANICAL CONTRACTORS ASSOCIATION OF WISCONSIN

and agrees to conform to and abide by the Articles of Incorporation, Bylaws and the rules and regulations of said Association.

State Dues: 3¢ per hour worked by UA members

Minimum per year \$450.00 Maximum per year \$1,000.00

Names of Members Recommending Application:

I/We hereby designate _____ to vote for and exercise all privileges of membership in our interest.

Form of Organization: Individual Partnership Corporation

Firm Name _____

Address _____

City/State/Zip _____

Phone () _____ FAX () _____

E-Mail _____

Web Address _____

Complete and Return to:
MCA of Wisconsin
3315 N. Ballard Rd., Ste. D
Appleton, WI 54911-8988

Signed _____

Title _____ Date _____