

APPLICATION FOR AFFILIATE MEMBERSHIP

We hereby make application for Affiliate Membership, and if approved, agree to abide by the Constitution and By-Laws of the Mason Contractors' Association, Inc. It is understood that our company will meet all of the required financial obligations of Membership.

Firm Name _____

Phone _____ FAX _____

Website: _____ Email: _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Contact Name _____ Title _____

Type of Business _____

Average Number of Employees: _____

Office Staff: _____

Year Company Founded: _____

Corporation, Partnership, Other: _____

Work Areas: (Check all that apply)

Metro Detroit

Ann Arbor

Flint

Downriver

Northern Michigan

Outstate Michigan

President/CEO: _____ Chief Estimator: _____
(Email) (Email)

Chief Financial Officer: _____ Chief Officer of Operations: _____
(Email) (Email)

Marketing Manager: _____ Educational Contact: _____
(Email) (Email)

Advertising Manager: _____
(Email)

Affiliate Membership dues are \$400 annually, first year dues are payable at the time of application. Thereafter Annual Membership dues of \$400 are payable every January.

We hereby make application for affiliate membership in the Mason Contractors' Association effective upon receipt of this application by the association. Submitted with this application is our payment for the annual dues. Upon acceptance by the Mason Contractors' Board of Directors we agree to abide by the association's bylaws.

We understand that to remain a member in good standing, payments for dues and services must be made on or before our expiration date. Failure to do so will result in the cancellation of membership.

Signed by: _____ Title: _____ Date ____/____/____