

# Application Arizona Affiliate Membership



## Western Wall & Ceiling Contractors Association, Inc.

I \_\_\_\_\_ HEREBY APPLY FOR MEMBERSHIP FOR MY FIRM IN THE WESTERN WALL & CEILING CONTRACTORS ASSOCIATION, INC. AS AN AFFILIATE MEMBER AND AGREE, IF ACCEPTED FOR MEMBERSHIP, TO BE BOUND BY THE BYLAWS OF THE WWCCA.

### ANNUAL AFFILIATE DUES

AFFILIATE MEMBERSHIP.....\$300.00 \_\_\_\_\_ (PLEASE INITIAL)

(NON-VOTING MANUFACTURER, DISTRIBUTOR, DEALER OR PERSON/ENTITY WITH INTEREST IN AFFILIATED TRADES)

TERM OF ANNUAL MEMBERSHIP: JANUARY 1—DECEMBER 31

(CONCURRENT WITH WWCCA CALENDAR YEAR)

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Principals \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Principals \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Application & Payment to  
WWCCA  
6280 S. Valley View Blvd, Suite 610, Las Vegas, NV 89118  
Ph: 702-319-2808 or Fax 702-319-2818