APPLICATION

ARIZONA CONTRACTOR MEMBERSHIP

WESTERN WALL & CEILING CONTRACTORS ASSOCIATION, INC.

I, ________________________HEREBY APPLY FOR MEMBERSHIP FOR MY FIRM IN THE WESTERN WALL & CEILING CONTRACTORS ASSOCIATION, INC. IN THE FOLLOWING CATEGORIES (CHECK ALL THAT APPLY). IF ACCEPTED FOR MEMBERSHIP, I AGREE TO BE BOUND BY THE BYLAWS OF THE WWCCA AND THOSE OF ANY CONFERENCE OF THE WWCCA WHICH I DESIGNATE OR JOIN.

CONTRACTOR MEMBERSHIP . . . . $300.00 ______ (PLEASE INITIAL)

(Must have one or more valid Arizona State Contractors Licenses to install lath and plaster, framing, steel studs, drywall, exterior and interior wall systems, acoustical ceilings, taping and other work under licenses which pertain to the installation or application of exterior and interior wall and ceiling systems is eligible for general membership.)

FINISHERS CONFERENCE . . . . ______ LICENSE# ______INITIAL

DRYWALL, LATHING CONFERENCE . . . . ______ LICENSE# ______INITIAL

PLASTERERS CONFERENCE . . . . ______ LICENSE# ______INITIAL

LABORERS CONFERENCE . . . . ______ LICENSE# ______INITIAL

TERM OF ANNUAL MEMBERSHIP: JANUARY 1 – DECEMBER 31
(CONCURRENT WITH WWCCA CALENDAR YEAR)

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COMPANY NAME ____

ADDRESS ____

CITY ____________________ STATE ____________ ZIP __________

BUSINESS PHONE# ____________________ FAX# ____________________

PRINCIPALS ____
(FIRST NAME, MIDDLE INITIAL, LAST NAME) (TITLE)

____
(FIRST NAME, MIDDLE INITIAL, LAST NAME) (TITLE)

____
(FIRST NAME, MIDDLE INITIAL, LAST NAME) (TITLE)

SIGNATURE ______________________________ DATE ______________
(SIGNATURE REQUIRED FOR PROCESSING OF APPLICATION)

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RETURN APPLICATION & PAYMENT TO:

WWCCA
1910 N. LIME ST
ORANGE, CA 92865
714-221-5520
FAX 714-221-5535