

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.....\$400.00 _____ (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