

THE GLAZING CONTRACTORS ASSOCIATION OF NORTHEAST OHIO

950 KEYNOTE CIRCLE • SUITE 10 • CLEVELAND, OHIO 44131-1802
(216) 398-9860 • FAX (216) 398-9801

APPLICATION FOR MEMBERSHIP

I, _____, hereby apply for active membership in the **GLAZING CONTRACTORS ASSOCIATION OF NORTHEAST OHIO**, a non-profit organization. Membership in the Association constitutes agreement to abide by the Constitution and By-laws and deliberative acts of the general membership and the Executive Board and the collective bargaining agreements of the Association.

Name of Applicant _____

Name of Company _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax Number _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Fax Number _____

Position with Company _____ Number of Years in Business _____

List other officers or partners of the Company _____

Designated representative of firm: _____

Designated alternate representative: _____

To enable the Association to classify this application properly, the following information is requested:

1. We are a: _____ Corporation _____ Partnership _____ Proprietorship

2. Construction trades we normally employ:

_____ Glaziers _____ Inside _____ Outside

_____ Ironworker _____ Other _____ (Specify)

(over)

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BUSINESS REFERENCE:

1. Name of Individual _____

Name of his company _____

Address _____

2. Name of Individual _____

Name of his company _____

Address _____

Dues: \$50.00 per year payable with this application. Make check payable to: **GLAZING CONTRACTORS ASSOCIATION**. Subassociation dues not considered a charitable tax deduction. However, they are generally considered an ordinary and necessary business expense and deductible as such.

Signature of Applicant

Date Signed

For Association Use:

Date application received: _____

Date reviewed by the Board: _____