

MASON CONTRACTORS ASSOCIATION OF CLEVELAND

950 Keynote Circle, Suite 10 • Cleveland, Ohio 44131-1802
(216) 398-9860 (216) 398-9801 Fax

APPLICATION FOR MEMBERSHIP

I, _____, hereby apply for active membership in the **MASON CONTRACTORS ASSOCIATION (MCA) of Cleveland, 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: _____ Alternate: _____

BUSINESS REFERENCE: Give names and addresses of at least two persons for whom you have recently worked.

1. Name of Individual _____

Company Name and Address _____

2. Name of Individual _____

Company Name and Address _____

Dues - \$200.00 per year. Check should be made payable to: **MASON CONTRACTORS ASSOCIATION OF CLEVELAND**. Sub-association dues are not considered a charitable tax deduction, however, they are considered as an ordinary and necessary business expense and deductible as such.

Date Signed

Signature of Applicant

For Association Use:

Date application received: _____

Date reviewed by the Board: _____