

SMACNA NORTH CENTRAL OHIO, INC.

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

APPLICATION FOR MEMBERSHIP

I, _____, hereby apply for active membership in the **SMACNA NORTH CENTRAL OHIO, INC.**, 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. Type of work performed:

_____ HVAC Commercial Heating, Ventilation, Air Conditioning

_____ HAC Residential Heating & Air Conditioning

_____ ASM Architectural Sheet Metal

_____ ISM Industrial Sheet Metal

_____ K Kitchen Equipment (food service)

_____ MFG Manufacturing (sale to others)

_____ TB Testing & Balancing

_____ O Other (Specify) _____

BUSINESS REFERENCE:

1. Name of Individual _____

Name of his company _____

Address _____

2. Name of Individual _____

Name of his company _____

Address _____

Dues: \$8.00 per sheet metal journeyman, apprentice, and classified utility worker, payable with this application. Make check payable to: **SMACNA NORTH CENTRAL OHIO, INC.** Subassociation dues are not considered a charitable tax deduction. However, they are generally considered 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: _____