



**CONTRACTORS ASSISTANCE ASSOCIATION**  
Contracting • Education • Employment

950 Keynote Circle, Suite 10, Cleveland, OH 44131-1802  
216.398.9860 Fax: 216.398.9801

**MEMBERSHIP APPLICATION**

Name of Applicant: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

List other officers or partners of the Company \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Designated representative of firm: \_\_\_\_\_

Designated alternate representative: \_\_\_\_\_

Trade, Business or Professional Classification: \_\_\_\_\_

Give a concise narrative, with dates, of the Company's business experience, date of organizations, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe what your company does in detail \_\_\_\_\_

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**Contractors Assistance Association Membership Application**

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(Description of Company Continued)

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This Company certifies that the foregoing statements are correct, and agrees, if elected to membership, that in accepting the privileges, it will also accept obligations of membership, that it will be governed by the Articles of Incorporation and By-laws of the Association and also by the Rules and Regulations and Dues Schedule of the CAA as long as it continues as a member, and furthermore agrees to promote the objectives of the Association.

This Company hereby makes application for membership in the CAA on the basis of the foregoing statements and refers to the persons named on page 2 who are personally familiar with the Company and its work.

**BUSINESS REFERENCE:** Give names and addresses of at least three persons, including one owner, one banker, and one architect or engineer for whom you have recently worked.

1. Name of Individual \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

2. Name of Individual \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

3. Name of Individual \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

What is your reason for joining CAA? \_\_\_\_\_

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**Contractors Assistance Association Membership Application**

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How did you hear about CAA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dues \$200.00 per year.** Check should be made payable to: **Contractors Assistance Association** and attached to this application.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

Note: Dues paid to affiliated associations are not considered a charitable tax deduction. However, they are generally considered ordinary and necessary business expenses and are deductible as such.

**For Association Use:**

Date application received: \_\_\_\_\_

Date approved by the CAA: \_\_\_\_\_

Contact Ahoyodha Kishna [ahyodha@ceacisp.org](mailto:ahyodha@ceacisp.org) with any questions.