



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.

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.

Contractors Assistance Association Membership Application

Page 2

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 _____
Name of his Company _____
Address _____

2. Name of Individual _____
Name of his Company _____
Address _____

3. Name of Individual _____
Name of his Company _____
Address _____

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 an ordinary and necessary business expenses and are deductible as such.

4/09

For Association Use:

Date application received: _____

Date approved by the CAA: _____

Contact Karen Andryscik karen@ceacisp.org with any questions.