

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 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:	:	
	mpany's business experience, date of organizat	ions, 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**

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

**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			
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