



950 Keynote Circle, Suite 10  
Cleveland, OH 44131-1802  
P 216.398.9860  
F 216.398.9801  
[www.ceacisp.org](http://www.ceacisp.org)

## ASSOCIATE / OWNER MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_ Year Established \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_(\_\_\_\_\_) \_\_\_\_\_ Fax Number \_(\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Name and title of your company's representative to receive communications:

\_\_\_\_\_

Name and title of alternate representative: \_\_\_\_\_

Principal officers: \_\_\_\_\_

Give a concise narrative of the Company's business experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Reference: Give names and addresses of two union contractors who have recently performed work for your company:**

1. Name of Individual \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Address \_\_\_\_\_

2. Name of Individual \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Address \_\_\_\_\_

(over)

An Associate Member representative shall be privileged to attend all meetings, seminars, or conventions of the Association, receive pertinent mailings, including newsletters and updates, and shall be privileged to participate in all related activities of the Association.

Application Fee: Not applicable.

Dues: Not applicable.

This firm certifies that the foregoing statements are correct and agrees, if elected to membership, to abide by all rules and regulations of the Association now in force and that may be properly adopted.

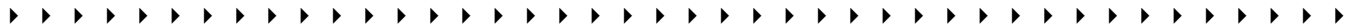
Firm Name: \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Company: \_\_\_\_\_

Why are you applying for CEA membership? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1/07



**For Board of Directors Use:**

Date application approved: \_\_\_\_\_

Approved for membership by: \_\_\_\_\_