



APPLICATION FOR WICA ACTIVE CONTRACTOR MEMBERSHIP

Company Name: _____

- Sole Proprietorship
Partnership
Corporation

Street Address: _____ Phone: () _____ - _____

Mailing Address: _____ FAX: () _____ - _____

City/State or Province/Zip Code: _____ E-mail: _____

State or Province Contractor License No.: _____ Class of License: _____

Print Name and Title of Company Official(s):

- 1. _____ 2. _____
3. _____ 4. _____

The above-named company hereby makes application for active membership in the Western Insulation Contractors Association. Through this application, the undersigned approves of all Bylaws and Articles of Incorporation of the Western Insulation Contractors Association.

The undersigned further approves the dues of the Western Insulation Contractors Association in the amount of five cents (\$.05) This approval shall be effective on the date of this application, and thereafter until the amount of said dues is modified in accordance with the Bylaws and Articles of Incorporation of the Western Insulation Contractors Association.

The dues of five cents (\$.05) per field employee per hour worked are payable by the 20th of the month on work performed during the preceding calendar month. Checks should be made payable to the Western Insulation Contractors Association and mailed to 669 South 200 East, Suite 200, Salt Lake City, UT 84111. Minimum annual dues are \$500.00.

Signature of Company Official: _____ Date of Application: _____

For more information, please contact the WICA office at (801) 364-0050.

Application Received _____ For WICA office use only: Application Approved _____