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www.gcami.com

APPLICATION FOR ASSOCIATE MEMBERSHIP

We hereby make application for Associate Membership, and if approved, agree to abide by the Constitution and By-Laws of the Glazing Contractors' Association, Inc. It is understood that our company will meet all of the required financial obligations of Membership.

Firm Name					
Phone		FAX			
Website:		Email:			
Address					
		(Street)			
(City)			(State)	(Zip Code)	
Contact Name	Title				
Type of Business					
Average Number of Employees:	Office Staff:				
Year Company Founded:		Corporation, Partnership, Other:			
Work Areas: (Check all that apply)	☐ Metro Detroit☐ Downriver	☐ Ann Arbor☐ Northern Michigan	☐ Flint☐ Outstate Mi	ichigan	
President/CEO:		Chief Estimator	r:		
Chief Financial Officer:	(Email)	Chief Officer of Operations:			
Marketing Manager:		Educational Co	ontact:		
Advertising Manager:	(Email)			(Email)	
Annual Membership dues at prorated based on annual re (Full Year) Oct., Nov., Dec. \$30000		ober. (1/2 \)	Year) ay, June	ime of application and are (1/4 Year) Jul., Aug., Sept. \$7500	
We hereby make application for not the association. Submitted with the Board of Directors we agree to about	nis application is our pa	ayment for the annual due			
We understand that to remain a mation date. Failure to do so will r	=		nd services must	t be made on or before our expi-	
Signed by:		Title:		Date//	