

APPLICATION FOR CONTRACTOR MEMBERSHIP

We hereby make application for 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

Ann Arbor

Flint

Downriver

Northern Michigan

Outstate Michigan

President/CEO: _____
(Email)

Chief Estimator: _____
(Email)

Chief Financial Officer: _____

Chief Officer of Operations: _____

Annual Membership dues are \$300 annually. First year dues are payable at the time of application and are prorated based on annual renewal date of October.

(Full Year)
Oct., Nov., Dec.
\$300⁰⁰

(3/4 Year)
Jan., Feb., Mar.
\$225⁰⁰

(1/2 Year)
Apr., May, June
\$150⁰⁰

(1/4 Year)
Jul., Aug., Sept.
\$75⁰⁰

We hereby make application for membership in the Glazing Contractors' Association effective upon receipt of this application by the association. Submitted with this application is our payment for the annual dues. Upon acceptance by the Glazing Contractors' Board of Directors we agree to abide by the association's by-laws.

We understand that to remain a member in good standing, payments for dues and services must be made on or before our expiration date. Failure to do so will result in the cancellation of membership.

Signed by: _____ Title: _____ Date ____ / ____ / ____