



Application for Associate Membership

Arizona Masonry Contractors Association

1803 N. 40th Street, Suite 102, Phoenix, AZ 85008

P: (602) 262-0510 F: (602) 275-2770

www.azmasonry.net

Company Name: _____ Business Phone: _____
 Company Address: _____ Fax: _____
 City, State & Zip: _____ Email: _____
 Representative: _____ Home Phone: _____
 Home Address: _____
 City, State & Zip: _____

Type of Business: _____
 Number of Years in Business: _____

Annual Dues Amount (circle one, see reverse for details): \$800 \$1,200
 Payment Option (circle one, see reverse for details): a. Total Amt. b. Monthly \$ _____ c. Quarterly \$ _____

Type of Business (check one only): _____ On which committee(s) would you like to serve?
 Corporation _____ Safety _____ Golf Tournament _____
 Partnership _____ Certification _____ Graduation Ceremony _____
 Sole Proprietor _____ Apprenticeship _____ Annual Meeting _____
 Masonry EXPO _____

In which program(s) are you most interested?
 Apprenticeship _____ Certification _____ Discount _____ Safety _____

Referred by: _____
 Company: _____

Believing in the purposes of the Arizona Masonry Contractors Association, and desiring to promote ethical principles and practices between and among the contractor and suppliers, protecting and promoting the interests of the masonry industry, and promoting good work, thereby increasing the esteem and respect of the public in the masonry industry, I, the undersigned, hereby make application for membership.

Signature: _____ Title: _____
 Print Name: _____ Date: _____

- Your application will be reviewed by the Board of Directors at their next regularly scheduled meeting. You will be notified of their decision by email, fax or telephone.
- This application **must be signed by the applicant** to be submitted for consideration.
- Please sign and return this application with payment of the first year's dues (see reverse for amount).
- Make check payable to AMCA. VISA, MasterCard and American Express are also accepted.
- Please call the AMCA office at (602) 262-0510 with credit card information.

Approved at the Board of Directors Meeting Held: _____



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Eligibility Requirements

All applicants for AMCA associate membership must be actively engaged in the masonry industry in the capacity of supplier or related services.

Membership Terms and Dues

1. AMCA membership is for the fiscal year (January 1st through December 31st).
2. Annual dues are based on the company's gross annual sales on a sliding scale:
 - Below \$5 million = \$800
 - Above \$5 million = \$1,200
3. Once approved, membership dues are not refundable.
4. Other conditions for membership as set forth by the association may apply.

Payment Options

- a. Total Amount Enclosed
- b. Monthly Payment Plan of \$ _____ per month.
(Total amount must be received by August 1st, 2010.)
- c. Quarterly Payment Plan of \$ _____ per quarter.
(Payments due January 1st, April 1st, July 1st and October 1st)