MCAC
Mechanical Contractors Association of Connecticut, Inc.

AFFILIATE MEMBERSHIP APPLICATION

Date:_____

I(We), _____

Hereby make application of AFFILIATE membership in the MECHANICAL CONTRACTORS ASSOCIATION OF CONNECTICUT, INC. An invoice for dues in the amount of $250.00 for one year is enclosed. If you accepted, I (WE) agree to aid and support all activities of the Association designed to improve standards and conditions within the Mechanical Contracting Industry.

FIRM: _____

PRINTED SIGNATURE:_____

SIGNED: _____

TITLE: _____

ADDRESS: _____

PHONE: _____ EMAIL:_____

I CERTIFY THAT THIS APPLICANT FOR MEMBERSHIP HAS BEEN APPROVED BY THE MCAC BOARD OF DIRECTORS THIS_____DAY OF_____,20_____.

SIGNED: _____

TITLE: _____