CONTRACTOR MEMBERSHIP APPLICATION

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ EMAIL: _____

PRINTED NAME OF REPRESENTATIVE: _____

FEDERAL TAX EMPLOYER NUMBER: _____

MEMBERSHIP IN MCA OF CONNECTICUT, INC. AUTOMATICALLY CONSTITUTES MEMBERSHIP IN MCA OF AMERICA.

MEMBERS ALSO AGREES TO OBSERVE THE BY-LAWS OF THE ASSOCATION AND DELEGATE ITS BARGAINING RIGHTS TO THE MCA OF CONNECTICUT, INC.

SIGNATURE OF REPRESENTATIVE: _____

TITLE: _____ DATE: _____

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

SIGNED: _____

TITLE: _____