



APPLICATION FOR WICA AFFILIATE MEMBERSHIP

Company Name: \_\_\_\_\_

- Sole Proprietorship
Partnership
Corporation

Street Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_

City/State or Province/Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Print Name and Title of Authorized Representative(s):

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Nature of business (please be specific as to the type of products/services offered):

\_\_\_\_\_
\_\_\_\_\_

The above named company hereby makes application for active membership in the Western Insulation Contractors Association. Through this application, the undersigned agrees to all bylaws and articles of incorporation of the Western Insulation Contractors Association.

The undersigned further approves the annual dues of the Western Insulation Contractors Association in the amount of \$400. This approval shall be effective on the date of this application, and thereafter until the amount of said dues is modified in accordance with the bylaws and articles of incorporation of the Western Insulation Contractors Association.

Check enclosed for \$400.00 for first year. Please make payable to the Western Insulation Contractors Association, 669 South 200 East, Salt Lake City UT 84111-3800.

Signature of Company Official: \_\_\_\_\_ Date of Application: \_\_\_\_\_

For more information, please contact the WICA office at (801) 364-0050.

Application Received \_\_\_\_\_ For WICA office use only: Application Approved \_\_\_\_\_