APPLICATION FOR WICA ASSOCIATE 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 associate 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 $750.00. 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 $750.00 for first year of associate membership. 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.

For WICA office use only:
Application Received _______________  Application Approval _______________