APPLICATION FOR WICA ACTIVE CONTRACTOR MEMBERSHIP

Company Name: ________________________________

☐ Sole Proprietorship
☐ Partnership
☐ Corporation

Street Address: ________________________________ Phone: ( ) _______ - _____________

Mailing Address: ________________________________ FAX: ( ) _______ - _____________

City/State or Province/Zip Code: ________________________________ E-mail: ________________________

State or Province Contractor License No.: ______________________ Class of License: ______________________

Print Name and Title of Company Official(s):

1. __________________________________________

2. __________________________________________

3. __________________________________________

4. __________________________________________

The above-named company hereby makes application for active membership in the Western Insulation Contractors Association. Through this application, the undersigned approves of all Bylaws and Articles of Incorporation of the Western Insulation Contractors Association.

The undersigned further approves the dues of the Western Insulation Contractors Association in the amount of five cents ($.05) per field employee per hour worked are payable by the 20th of the month on work performed during the preceding calendar month. Checks should be made payable to the Western Insulation Contractors Association and mailed to 669 South 200 East, Suite 200, Salt Lake City, UT 84111. Minimum annual dues are $500.00.

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 Approved _________________