Associate Member

MEMBERSHIP APPLICATION

NAME OF APPLICANT FIRM: _____

ADDRESS 1: _____ PHONE: _____

ADDRESS 2: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

WEB SITE: _____

NAME OF PERSON APPLYING FOR MEMBERSHIP ON BEHALF OF APPLICANT:

_____

NAME OF REPRESENTATIVE(s) TO ASSOCIATION:

1) _____ 2) _____

The Applicant states that the above named firm is a supplier or vendor to the painting and allied trades industries, does not employ tradesmen, elects not to assign its bargaining rights, and does not authorize FCA of Illinois to enter into collective bargaining on its behalf.

The undersigned applicant agrees, if the application is accepted, to be bound by the provisions of the FCA of Illinois Bylaws now in effect, including any changes to Bylaws which may be subsequently adopted.

The undersigned states and represents that he/she is authorized to execute this Application on behalf of the Applicant, and has read the foregoing and understands the contents thereof.

_____ _____

Signature of Authorized Representative of Applicant Date

DUES INFORMATION

2010 Annual Dues: $450

Mail your completed application to: FCA of Illinois
1991 W. Downer Place
Aurora, IL 60506

Please enclose your check for $450 or call the Office at 630-264-7880 to process your credit card information.

Visa and MasterCard are accepted.