SMACNA OF WESTERN PENNSYLVANIA, INC.

APPLICATION FOR CONTRACTOR MEMBERSHIP

COMPANY NAME_____

ADDRESS_____

CITY_____ STATE _____ ZIP_____

PHONE_____ FAX_____ EMAIL _____

The following information will be kept confidential:

Company does business as a:
_____ Corporation _____Partnership _____Proprietorship _____LLC

Month/Year company began operating: _____

Please list all officers and/or partners' names & titles:

_____ _____

_____ _____

Is Sheet Metal Contracting your primary business? ____Yes ____No *

*If answer is no, please list approximate percentage of your business: _____

Typical number of bargaining unit employees* _____

*Sheet metal journeypersons, apprentices, foremen and superintendents

List all Labor Organizations with which applicant has a labor agreement:

_____ _____

_____ _____

The applicant hereby makes application for contractor membership in SMACNA of Western Pennsylvania and agrees, if accepted as a member, to be bound by all of the provisions of the Articles of Incorporation and the By-Laws of the Association now in force and as may be amended in the future. It is also hereby acknowledged that the applicant understands that the agreements herein are in favor of the Association and for the benefit of, and in favor of, all Members of the Association.

Upon approval and acceptance of this application, a duplicate copy showing approval and acceptance will be returned to you. The applicant will be invoiced for a pro-rated amount of the first year's payment of dues upon acceptance of its application for Active Membership.

_____

(please print or type name)

_____

(signature)

_____

(title)

_____

(date)

- - - - - - - - - - - - -(***for official use only***)- - - - - - - - - - - - -

Date submitted to Board of Directors: _____

Approved_____ Not Approved _____

Pursuant to determination of the Board of Directors of the Association, the above Application for Active Membership has been approved and accepted.

SMACNA OF WESTERN PENNSYLVANIA, INC.

By: _____

President

By: _____

Secretary

DATE_____

NOTIFICATION DATE _____