



Associate Membership Application

Name: (Corporation/Company/Partnership/Individual)

Address: _____

Phone: _____ Fax: _____ Cell: _____

E-mail: _____ Website: _____

Name(s) of Officers/Partners/Owners: _____

Name of person designated to represent your firm: _____

What is the nature of your business? _____

*I/we hereby make application for associate membership in the **Masonry Contractors Association of Central Pennsylvania** on the basis of the information herein stated and agree that if this application is approved, I/we will be governed according to the bylaws and rules of the association as long as membership is continued. Further, I/we will help to promote the objectives of the association to the best of my/our ability.*

*I/we agree to pay membership dues at the rate of **two hundred seventy-five dollars (\$275)** per year. (First year's dues should accompany application.)*

Please complete this form and mail one copy along with a check made payable to MCACP for \$275 to: MCACP, PO Box 3216, Gettysburg, PA 17325.

By: _____
Signature *Title*

Date: _____