



P.O. Box 3216, Gettysburg, PA 17325 Phone (877) 267-5191

MCACP Application for Contractor Membership

(Please type or print legibly and answer all questions.)

I (we) hereby apply for membership in the Masonry Contractors Association of Central Pennsylvania and agree to abide by the Constitution and Bylaws and deliberative acts of the general membership and board of directors:

CONTACT INFORMATION

Firm's Name: _____

Officers/Partners: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

E-mail Address: _____

Person Designated as MCACP Board of Directors' Member: _____

GENERAL INFORMATION

Year Business Established: _____ Is your Business Incorporated? _____

Are you a member of an organized contractor's group? _____

Please list such groups: _____

Are you signatory to BAC and LIUNA collective bargaining agreement(s)? _____

If yes, please list each: _____

(Contribution to Bricklayers' & Laborers' Industry Advancement Funds (IAF) in MCACP's jurisdiction is a prerequisite for membership)

BUSINESS REFERENCES *(one financial institution, one materials supplier)*

1. Individual _____ 2. Individual _____

Firm _____ Firm _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

WORK INFORMATION

1. General work area by county and/or region:

2. Completed or in-progress jobs *(name & location)* (5):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

ACCEPTANCE OF ATTACHMENTS TO APPLICATION

I have received the following documents, signed where necessary (*), submitted the first year's dues payment (\$1000), and agree to be bound by the requirements, stipulations and conditions of same:

- 1. MCACP Constitution/Bylaws
- 2. MCACP Application for Membership *
- 3. MCACP Employer Bargaining Authorization & Joinder* *(BAC Local #5-PA and Laborers' District Council of Eastern PA)*
- 4. MCACP IAF *(Industry Advancement Fund)*, ICE *(International Council of Employers)* Authorization & Joinder, FFD *(Fitness for Duty)* Joinder *

Signature of Applicant: _____ **Date:** _____

Company: _____ **Title:** _____

Check Enclosed: _____