APPLICATION FOR MCA OF IDAHO CONTRACTOR MEMBERSHIP

Company Name: _____

( ) Sole Proprietorship
( ) Partnership
( ) Corporation

Street Address: _____ Phone: ( ) _____ - _____

Mailing Address: _____ FAX: ( ) _____ - _____

City/State or Province/Zip Code: _____ E-mail: _____

Print Name and Title of Authorized Representative(s):

1. _____ 2. _____

3. _____ 4. _____

The above named company hereby makes application for active membership in the Mechanical Contractors Association of Idaho. Through this application, the undersigned agrees to all bylaws and articles of incorporation of the Mechanical Contractors Association of Idaho.

The undersigned further approves the annual dues of the Mechanical Contractors Association of Idaho in the amount of forty cents ($.30 Industry Fund + $.10 Contract Administrative Fund) per field employee per hour worked. This approval shall be effective on the date of this application, and thereafter until the amount of said dues is modified in accordance with the bylaws and articles of incorporation of the Mechanical Contractors Association of Idaho.

Signature of
Company Official: _____ Date of Application: _____

For more information, please contact the MCA of Idaho office at (801) 364-7768.

For MCA of Idaho office use only:

Application Received _____ *Application Approved* _____