

APPLICATION FOR UMCA AFFILATE 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. _____

Nature of business (please be specific as to the type of products/services offered):

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

The undersigned further approves the annual dues of the Utah Mechanical Contractors Association in the amount of \$300.00. 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 Utah Mechanical Contractors Association.

Check enclosed for \$300.00 for first year of affiliate membership. Please make payable to the Utah Mechanical Contractors Association, 669 South 200 East, Salt Lake City UT 84111-3800.

Signature of
Company Official: _____ Date of Application: _____

For more information, please contact the UMCA office at 801-364-7768.

Application Received _____

For UMCA office use only:

Application Approved _____