

ESICA MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

MEMBERSHIP OPTIONS

Contractor Membership **\$350 Annual Dues**

Distributor Membership **\$395 Annual Dues**

Associate Membership **\$395 Annual Dues**

A Contractor membership is available to any union contractor. A Distributor membership is available to any industrial/commercial distributor of abatement or insulation related insulation or abatement contractor products. An Associate membership is available to any manufacturer or supplier serving the industry.

1. Your primary business: (check one)

Insulation Contractor Distributor Abatement Contractor Supplier (Associate)

2. If you are a contractor, please indicate:

Union Local Number _____

3. Corporate Structure (check one)

Corporation Partnership Individual

4. Date of incorporation: _____ Year of incorporation: _____

5. Is the company or affiliate engaged in any other type of business? (Please list)

Geographic area where most work is performed: _____

PAYMENT TYPE

Check (Payable to ESICA, Inc.) Visa MasterCard

Account Number _____ Expiration Date _____

Cardholder's Name _____ Billing Zip Code _____

I have read the ESICA Association Bylaws and agree to abide by them.

Signature _____ Date _____