

ESICA Membership Application

Name _____

Address _____

Phone _____

Fax _____

email _____

Web Site _____



Eastern States Contractors Association
229 South Street
Oyster Bay, New York 11771

Phone: 516-922-7855
Fax: 516-922-1414
Email: esica2002@yahoo.com
Web: www.esica.org

Membership Options (please check one)

Contractor Membership

A contractor membership is available to any union contractor or industrial/commercial insulation or abatement contractor.

Annual Dues \$350
Additional Branch Office \$100

Distributor Membership

Distributor membership is available to any distributor of abatement or insulation related products.

Annual Dues \$350
Additional Branch Office \$100

Associate Membership

An associate membership is available to any manufacturer or supplier serving the industry.

Annual Dues \$350
Additional Branch Office \$100

1. Your Primary Business: (check one)

- Insulation Contractor
 Abatement Contractor
 Distributor
 Supplier (Associate)

2. If you are a contractor: (check one)

Unionized Non-Unionized

3. Corporate Structure: (check one)

Corporation Partnership Individual

4. How long has the business been established? _____ years

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

6. Geographical area where most work is performed:

Payment Type

Check (payable to ESICA, Inc.)

VISA MasterCard

Account Number: _____

Cardholder's Name: _____

Expiration Date: _____

Signature: _____

Date: _____

Billing Zip Code: _____