



Membership Application

Company Name _____

Address _____

Contact person _____

Phone _____

Fax _____

email _____

Web Site _____

Additional Branch Offices

Please list: name, address, phone#, email, contact person

Include an additional sheet if necessary

Membership Options *(please check one)*

Must be unionized to be a member

Contractor Membership

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

Annual Dues \$350

Distributor Membership

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

Annual Dues \$350

Associate Membership

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

Annual Dues \$350

1. Your Primary Business: *(check one)*

- Insulation Contractor
- Abatement Contractor
- Distributor
- Supplier (Associate)

2. If you are a contractor, please indicate

Union Local # _____

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: _____