



14801 West Eight Mile Road | Detroit, Michigan 48235-1695
 (313) 341-7661 | (313) 341-1007 fax | www.mcadetroit.org

MEMBERSHIP APPLICATION

Date _____

The undersigned hereby makes application for membership in the MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, and, if elected, agrees to be governed by the Rules and Regulations and to abide by the Constitution and By-Laws of said Association now in effect, or, that may hereafter be enacted or amended. Annual local membership dues of \$300 will be billed in January of each year. A condition of membership in MCA Detroit is that all members must also belong to a recognized National Association of this Industry.

 FULL COMPANY NAME

 ADDRESS

 CITY STATE ZIP + 4

 PHONE NO. FAX NO. WEB SITE

 DATE ESTABLISHED LICENSE NO.

Type of Company: Corporation Partnership Sole Proprietorship

DESIGNATED REPRESENTATIVES

 PRINCIPAL - FULL NAME AND TITLE

 CELL PHONE NO. E-MAIL ADDRESS SPOUSE'S NAME

 HOME ADDRESS

 CITY STATE ZIP

 PRINCIPAL - FULL NAME AND TITLE

 CELL PHONE NO. E-MAIL ADDRESS SPOUSE'S NAME

 HOME ADDRESS

 CITY STATE ZIP

 KEY FINANCIAL PERSONNEL W/TITLE CELL PHONE E-MAIL ADDRESS

 KEY SAFETY PERSONNEL W/TITLE CELL PHONE E-MAIL ADDRESS

 KEY EDUCATION PERSONNEL W/TITLE (FOR TRAINING ANNOUNCEMENTS) CELL PHONE E-MAIL ADDRESS

OWNERS / PARTNERS / OFFICERS OF CORPORATION

 NAME W/TITLE E-MAIL ADDRESS

 NAME W/TITLE E-MAIL ADDRESS

ENDORSED BY (For MCA Detroit office use only. To be completed after receipt of application and approval by the board of directors.)

 ENDORSER COMPANY DATE

 ENDORSER COMPANY DATE

**Mail application to the attention of Molly Forward at:
 14801 West 8 Mile Rd - Detroit, MI 48235**

Date accepted _____