

APPLICATION FOR AFFILIATE OR ASSOCIATE MEMBERSHIP

Company Name:	Pnone:
Address:	Fax:
City / State / Zip:	E-mail:
Web Site:	Cell Phone:
Authorized Representative and Title:	
Nature of business; please be specific as to the type of products / services offered:	
Is your firm directly involved in performing ar or maintenance? Yes or No (Circle One) If Yes, please describe:	ay aspects of mechanical equipment installation, service,
Signature of Authorized Representative:	Date:
Mechanical System Installations but not fully qualifying for these Contractors are demonstrating their interest in and su	tractors and Subcontractors who are involved in certain aspects of or a Regular CPMCA Membership. In joining as an Affiliate member, apport for the goals and objectives of the CPMCA. Examples include, I, Sprinkler, and Insulation Contractors, etc. Affiliate Member dues
contracting industry. Examples include, but are not	her firms or individuals having a direct interest in the mechanical limited to: mechanical equipment manufacturers, manufacturing, etc. Associate Member dues are one thousand dollars (\$1,000.00)
() \$1,000.00 check enclosed for Affiliate() \$1,000.00 check enclosed for Associat	•
CPMCA MEMBER SPONSOR:	