



APPLICATION
ARIZONA AFFILIATE MEMBERSHIP

WESTERN WALL & CEILING CONTRACTORS ASSOCIATION, INC.

I, _____ HEREBY APPLY FOR MEMBERSHIP FOR MY FIRM IN THE WESTERN WALL & CEILING CONTRACTORS ASSOCIATION, INC. AS AN AFFILIATE MEMBER AND AGREE, IF ACCEPTED FOR MEMBERSHIP, TO BE BOUND BY THE BYLAWS OF THE WWCCA.

ANNUAL AFFILIATE DUES

AFFILIATE MEMBERSHIP\$300.00

(NON-VOTING MANUFACTURER, DISTRIBUTOR, DEALER OR PERSON/ENTITY WITH INTEREST IN AFFILIATED TRADES)

TERM OF ANNUAL MEMBERSHIP: JANUARY 1 – DECEMBER 31
(CONCURRENT WITH WWCCA CALENDAR YEAR)



COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE# _____ FAX# _____

PRINCIPALS _____
(FIRST NAME, MIDDLE INITIAL, LAST NAME) (TITLE)

(FIRST NAME, MIDDLE INITIAL, LAST NAME) (TITLE)

(FIRST NAME, MIDDLE INITIAL, LAST NAME) (TITLE)

NATURE OF BUSINESS _____

SIGNATURE _____ DATE _____
(SIGNATURE REQUIRED FOR PROCESSING OF APPLICATION)



RETURN APPLICATION & PAYMENT TO:

WWCCA/TSIB – NEVADA LOCATION
6280 S. VALLEY VIEW BLVD. #610
LAS VEGAS, NV 89118
702-319-2808 OR
702-319-2717
FAX 702-319-2818
WWW.TSIB.ORG & WWW.WWCCA.ORG