



CECA Membership Application

Company Name: _____ Date: _____

Representative: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____ Website Address: _____

License Number: _____ License Holder Name: _____

Endorsed By: _____

Companies applying for membership in CECA must be endorsed by a 'CECA Member in Good Standing'

Additional Locations Information:

1. Representative: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

2. Representative: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

| | <u>Company Annual Sales Total</u> | <u>Annual Dues</u> | <u>Dues Total</u> |
|-------|-----------------------------------|--------------------|-------------------|
| Dues: | _____ \$0 – 1 Million | \$ 250 | |
| | _____ \$1 – 3 Million | \$ 450 | |
| | _____ \$3 – 6 Million | \$ 950 | |
| | _____ \$6 - 10 Million | \$1200 | |
| | _____ \$10 Million + | \$1450 | |
| | _____ Associate Members | \$ 600 | |
| | _____ Industry Professionals | \$ 500 | \$ _____ |

Make checks payable to CECA

Credit Card Payment Information:

Visa MasterCard American Express Credit Card No. _____

Expiration Date: _____ Name As Shown On Credit Card: _____

Authorized Signature: _____ Date: _____

Payments to CECA are not deductible as charitable contributions for federal income tax purposes. However, payments are deductible by members as an ordinary and necessary business expense. Payments may be made annually or quarterly.