



CECA Membership Application

Company Name: _____ **Date:** _____

Representative: _____ **Title:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Fax:** _____

Website Address: _____ **E-Mail Address:** _____

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	\$ 275	
	_____ \$1 – 3 Million	\$ 475	
	_____ \$3 – 6 Million	\$ 975	
	_____ \$6 - 10 Million	\$1225	
	_____ \$10 Million +	\$1475	
	_____ Associate Members	\$ 625	
	_____ Industry Professionals	\$ 525	\$ _____

Make checks payable to CECA

Credit Card Payment Information:

Visa MasterCard American Express Credit Card No. _____

Expiration _____ Card _____ Name as Shown _____

Date: _____ Code: _____ On Credit Card: _____

City, State and Zip for billing address of 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.