



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:** _____

	Contractor Company Annual Sales Total	Annual Dues	Dues Total
Dues:	_____ \$0 – 1 Million	\$ 300	
	_____ \$1 – 3 Million	\$ 500	
	_____ \$3 – 6 Million	\$1000	
	_____ \$6 - 10 Million	\$1300	
	_____ \$10 Million +	\$1550	
	_____ Associate Members	\$ 700	
	_____ Industry Professionals	\$ 600	\$ _____

Make checks payable to CECA

Credit Card Payment Information:

Visa MasterCard American Express Credit Card No. _____

Expiration Date: _____ Card Code: _____ Name as Shown 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.