



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

*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.*