



APPLICATION FOR AFFILIATE OR ASSOCIATE MEMBERSHIP

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City / State / Zip: _____ E-mail: _____

Web Site: _____ Cell Phone: _____

Authorized Representative and Title:

Nature of business, please be specific as to the type of products / services offered:

Is your firm directly involved in performing any aspects of mechanical equipment installation, service, or maintenance? **Yes or No** (Circle One)

If Yes, please describe: _____

Signature of Authorized Representative: _____ Date: _____

***Affiliate Membership** in CPMCA is available to Contractors and Subcontractors who are involved in certain aspects of Mechanical System Installations but not fully qualifying for a Regular CPMCA Membership. In joining as an Affiliate member, these Contractors are demonstrating their interest in and support for the goals and objectives of the CPMCA. Examples include, but are not limited to: Sheet Metal, Temperature Control, Sprinkler, and Insulation Contractors, etc. Affiliate Member dues are five hundred dollars (\$500.00) per year.

***Associate Membership** in CPMCA is available to other firms or individuals having a direct interest in the mechanical contracting industry. Examples include, but are not limited to: mechanical equipment manufacturers, manufacturing representatives, suppliers, wholesalers, service providers, etc. Associate Member dues are five hundred dollars (\$500.00) per year.

\$500.00 check enclosed for Affiliate Membership

\$500.00 check enclosed for Associate Membership

CPMCA MEMBER SPONSOR: _____