

APPLICATION FOR MEMBERSHIP

SOUTHERN CALIFORNIA CONTRACTORS ASSOCIATION INC.

6055 E. Washington Blvd. #200, Los Angeles, CA 90040

(323) 726-3511 • FAX: (323) 726-2366



Please direct mail to (Company Representative Name(s) as you wish to appear on the roster).

Business Name

Mailing Address

City

State

ZIP

Street Address (for UPS and overnight mailings)

City

State

ZIP

Business Phone

FAX #

E-Mail Address

http://

Website

Membership Category (see box)

Contractor's License No. /Classifications

Sponsored by

Sponsor's Firm

DUES SCHEDULE

GROSS ANNUAL VOLUME

ANNUAL DUES

SIGNATORY

| | | |
|--------------------|--------------|---------|
| 0..... | \$500,000 | \$ 500 |
| \$500,001 | \$2,000,000 | \$1,500 |
| \$2,000,001 | \$6,000,000 | \$2,500 |
| \$6,000,001 | \$15,000,000 | \$3,500 |
| \$15,000,001 | and over | \$4,500 |

AFFILIATE MEMBERS

| | | |
|-------------------|-------------|---------|
| 0..... | \$5,000,000 | \$600 |
| \$5,000,001 | and over | \$1,000 |

I agree to give my time and ability to assist the association within limits of reasonableness.

Signature of Applicant

Date

Signature of SCCA President

Print this application. Please print legibly or type information and fax to 323-726-2366.

WED