



Date:

Applicant Primary Member Information -the contact person is responsible for paying membership dues and updating the membership roster

Name of Applicant:		License # :	
Title:			
Company Name:			
<i>This address will be used as primary address for association information mailing.</i>			
Address:			
City:	State:	Zip:	
Phone Number:	Mobile Phone:		
Email Address:	Website:		
<i>I understand that by providing my phone number, email, and signature, I consent to receive emails and mail sent on the Floor Association's behalf.</i>			

Additional Contacts to Membership (must be employees of the same company applying for membership)

Name:			
Email:	Phone:		
Address:	City:	State:	Zip:

OFFICERS OR OWNER(S) OF COMPANY:

Principals:	Title:	Contact Number:	Email Address:
Principals:	Title:	Contact Number:	Email Address:

Company Elects To Join the Following Conference(s): Please check all that apply

Northern California Floor Covering Conference

(negotiates with Allied Trades District Council 16 for the Northern California Floor Covering Master Agreement)

Member Agrees As Follows:

Company hereby applies for contractor membership in the Northern California Floor Covering Association (NCFCA) . If accepted to membership, the company agrees to conform to the Bylaws of the association. The company acknowledges receipt of a copy of the Bylaws (to receive a copy of Bylaws, email Maria Carlomagno at maria@wallandceiling.org).

_____ Your Initials Here; I understand and have read the member agrees information above

X Signature of Applicant above

Date

FOR OFFICE USE ONLY

<input type="checkbox"/>	Application Received
<input type="checkbox"/>	Application Entered
<input type="checkbox"/>	Application Approved
<input type="checkbox"/>	New Member Pkg Mailed

Return Application by email to:

Carmen Castillo at carmen@wallandceiling.org

Questions on applying for membership? Contact Carmen Castillo at (925) 600-0475