



# APPLICATION FOR MEMBERSHIP

## SANTA MARIA VALLEY CONTRACTORS ASSOCIATION, INC.

2003 Preisker Lane, Ste. A, Santa Maria, CA 93454 • (805) 925-1191 • Fax (805) 922-2983

Date: \_\_\_\_\_ CSL # \_\_\_\_\_ Exp. \_\_\_\_\_ Class: \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Physical Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Bulletin Address \_\_\_\_\_  
(physical or email address)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Web Site \_\_\_\_\_

Number of Employees \_\_\_\_\_ Minority Classifications: DBE MBE DVBE WBE SBE

<b>Membership Classification &amp; Billing Cycle</b>	
<input type="checkbox"/> Regular - or - <input type="checkbox"/> Associate	pays dues of <input type="checkbox"/> \$325 Annually - or - <input type="checkbox"/> \$90 Quarterly
<input type="checkbox"/> General Associate - or - <input type="checkbox"/> Affiliate	pays dues of <input type="checkbox"/> \$290 Annually - or - <input type="checkbox"/> \$80 Quarterly
<b>NOTE: All new members are required to pay a one-time \$50 initiation fee* upon joining.</b>	
* A \$50 reinstatement fee will be required of cancelled members reapplying for membership.	

Your company is entitled to no more than 10 listings in the SMVCA's Membership Roster. Please look through the attached Specialty Listings and specify those you would like your company listed under. Request inclusion ONLY in those categories for which you are licensed to perform work. If there is a Specialty not listed, you are allowed to create three.

### Specialty Listings:

- 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_ 5.) \_\_\_\_\_ 6.) \_\_\_\_\_
- 7.) \_\_\_\_\_ 8.) \_\_\_\_\_ 9.) \_\_\_\_\_
- 10.) \_\_\_\_\_

I/We do hereby make application for membership in the Santa Maria Valley Contractors Association. Upon approval of my application by the Board of Directors, I/We agree to abide by the Bylaws of the Association and any subsequent rules, regulations or policies adopted by the Board. I/We understand that if membership dues are delinquent 45 days, my membership will be terminated for non-payment, and a new initiation fee will be required upon reinstatement. Members who wish to cancel are required to notify the Association in writing and pay all past due invoices. By signing this, I am consenting to receive unsolicited faxes and emails from the Santa Maria Valley Contractors Association, Inc.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_