



MEMBERSHIP APPLICATION

PLACER COUNTY CONTRACTORS ASSOCIATION, INC.

Company Name:

Primary Contact:

Office Phone:

Fax:

Address:

City:

State:

ZIP Code:

Email:

Cell Phone:

CSLB#:

ADDITIONAL PLANS ONLINE USERS (ONLY WITH PLANS ONLINE SUBSCRIPTION)

Name:

Email:

Name:

Email:

Name:

Email:

Name:

Email:

Name:

Email:

SPECIALTY LISTING – SPECIFIC TRADES YOU ARE LICENSED FOR

1:

2:

3:

4:

5:

6:

MEMBERSHIP LEVEL

Full Membership with Plans Online

\$650.00 Per Year

General Membership, No Plans Online Access

\$450.00 Per Year

Affiliate Membership – Banks, Restaurant, Automotive, Legal, or similar supporting trade.

\$300.00 Per Year

MEMBERSHIP AGREEMENT

I hereby apply for membership with the Placer County Contractors Association. If accepted as a member, I/we agree to abide by the provisions set forth in the Articles of Incorporation and Bylaws, Code of Ethics, and any subsequent rules, regulations and policies that might be adopted by the Board of Directors.

If accepted, I/we will be eligible to receive all services and benefits offered by the Association based on the membership level.

I understand and agree that this application, if approved, will be for an ongoing annual membership, which will automatically renew each year on the anniversary of my application being accepted. In the event that membership no longer serves my or my companies interest, I agree to formally cancel the subscription in writing.

I understand that simply not paying the renewal fee is not accepted as “canceling” a membership.

I understand and agree that cancellation of my membership after my renewal date does not relieve me of my obligation of that period's renewal fee, and agree to fulfill all obligations to the Association, including the payment of all sums due or owing.

PAYMENT OPTIONS

Invoice Company

Send Electronic Invoice To Accountant Information Above

Credit Card Online

<http://placerbx.com/application/payment-options/>

Will Send Check

PCCA 10656 Industrial Ave., Suite 160 Roseville, CA 95678

Will Call With Credit Card

Call 916-771-7229

SIGNATURES

Signature of applicant:

Date:

