

TOGETHER WE ARE STRONGER. JOIN MCAA.

Discover the benefits of membership in the MCAA. The Mason Contractors Association of America is fighting the good fight for you. For your workplace. For your growth. For your future. Become a member of MCAA today. Because together with your voice, we are stronger.



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Yes, I accept your invitation to become a member of the Mason Contractors Association of America. If an MCAA Chapter is in my area, my application will be forwarded to the Chapter's Membership Committee for consideration. I understand that additional Chapter Dues may be assessed.

MCAA Membership Application

Company Name: _____

Primary Contact Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Web Address: _____

E-mail: _____

Referred/Sponsored By: _____

Signature of Applicant: _____

Membership Category (Check one)

Contractors	Annually	Monthly*
Under \$1 million in annual sales	<input type="checkbox"/> \$ 560.00	<input type="checkbox"/> \$ 47.00
\$1 million to under \$5 million	<input type="checkbox"/> 950.00	<input type="checkbox"/> 80.00
\$5 million to under \$10 million	<input type="checkbox"/> 1,380.00	<input type="checkbox"/> 115.00
\$10 million to under \$15 million	<input type="checkbox"/> 1,800.00	<input type="checkbox"/> 150.00
\$15 million or more	<input type="checkbox"/> 3,000.00	<input type="checkbox"/> 250.00

Associate Members (Suppliers, Manufacturers, Distributors, etc.)

National Associate (Distributes Nationally)	<input type="checkbox"/> \$ 2,000.00	<input type="checkbox"/> \$ 167.00
Regional Associate (Distributes Regionally)	<input type="checkbox"/> 950.00	<input type="checkbox"/> 80.00
Chapter Associate (Distributes Locally)	<input type="checkbox"/> 300.00	

Total Amount Due \$ _____

* **Please note:** Membership in the MCAA is an annual commitment that can be paid over the course of 12 months. MCAA does not offer month-to-month memberships.

Method of Payment

Check Number: _____

Credit Card: MasterCard VISA Amex

Card Number: _____ CVV2/CVC2: _____ Exp Date: _____

Signature: **X** _____

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MCAA MEMBERSHIP APPLICATION



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AREA of Work Your Company Performs (Check all that apply):

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Commercial | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Educational (K-12) | <input type="checkbox"/> Residential | <input type="checkbox"/> Government |
| <input type="checkbox"/> Educational (University) | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Industrial |

TYPE of Work Your Company Performs (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Stone (Interior) | <input type="checkbox"/> Concrete Block |
| <input type="checkbox"/> Masonry Panels | <input type="checkbox"/> Stone (Exterior) | <input type="checkbox"/> Pavers |
| <input type="checkbox"/> Minor Restoration | <input type="checkbox"/> Autoclaved Concrete | <input type="checkbox"/> Tuck Pointing |
| <input type="checkbox"/> Glass Block | <input type="checkbox"/> Historic Restoration | <input type="checkbox"/> Cleaning Masonry |
| <input type="checkbox"/> Waterproofing | <input type="checkbox"/> Caulking | <input type="checkbox"/> Retaining Wall Systems |
| <input type="checkbox"/> Structural Glazed Tile | <input type="checkbox"/> Refractory | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Poured Concrete | <input type="checkbox"/> EIFS | <input type="checkbox"/> ICFs |
| <input type="checkbox"/> Damp proofing | <input type="checkbox"/> Pre-cast | <input type="checkbox"/> Flashing |
| <input type="checkbox"/> Terrazzo | <input type="checkbox"/> Air Barriers | <input type="checkbox"/> Ceramic Tile |
| | <input type="checkbox"/> Plastering | |

Other (please specify): _____

Company Information:

Is your Company signatory to union agreements? No Yes

Is your Company a member of an organized contractor group? No Yes If yes, please list:

How many bricklayers does your company employ? _____

What year was this business established? _____

Please list the States (and/or Countries/Provinces) where your company performs work:

Please complete this Membership Application and return with payment to:

Mason Contractors Association of America, 33 South Roselle Road, Schaumburg, IL 60193

Credit Card Payments may be faxed to: **(847) 301-1110 Questions? Call (800) 536-2225**