

TLPCA APPLICATION FACT SHEET

Name of firm applying for membership: _____

Type of business: _____

Please list the type of materials and/or products sold: _____

Number of years in business: _____

Sole owner or partnership or corporation: _____

List at least two companies that you deal with that are in the walls and ceilings or related business:
(Preferably TLPCA members) _____

Present mailing address: _____

Present business address:
(If different from mailing address) _____

Phone: _____

Fax: _____

E-Mail: _____ Web Page: _____

List names of all officers: _____

Name Title

Name Title

Name Title

Referred to TLPCA by: _____

Name

Company

Return to TLPCA office with application and dues check for the proper amount due from your firm.