



**TEXAS LATHING &  
PLASTERING CONTRACTORS  
ASSOCIATION**

**Drywall • Plaster • Stucco**

**E.I.F.S. • Acoustical**

**Veneer Stone**

**Fireproofing**

**ASSOCIATE MEMBERSHIP APPLICATION**

The individual, partnership, company or corporation named below hereby applies for associate membership in the Texas Lathing & Plastering Contractors Association (TLPCA).

The undersigned certifies that the firm serves the walls and ceilings industry and that, if accepted for membership, will abide by the constitution and By-Laws of said Association.

It is agreed that permission to use Association insignia is granted as a privilege of associate membership. It is further agreed that all such insignia is the property of the Association and that the use of this property shall cease upon termination of Association membership.

Please fill out the enclosed TLPCA "Application Fact Sheet" and return it, along with your check or credit card authorization in the amount of **\$995.00** to the Association office. This sum will cover dues through December 31, 2018. Membership fees are not refundable.

<input type="checkbox"/> <b>VISA</b>	<input type="checkbox"/> <b>Master Card</b>	<input type="checkbox"/> <b>American Express</b>
<b>Card #</b> _____		<b>Expiration Date</b> _____
<b>Address of Cardholder</b> _____		
<b>Signature</b> _____		

**Name of Firm:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ / \_\_\_\_\_ **Fax:** \_\_\_\_\_ / \_\_\_\_\_  
Area Code Area Code

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

**Signatures** (all firm officers)

\_\_\_\_\_  
\_\_\_\_\_

Accepted: \_\_\_\_\_ Declined: \_\_\_\_\_ Date: \_\_\_\_\_

# TLPCA APPLICATION FACT SHEET

Name of firm applying for membership: \_\_\_\_\_

Type of business: \_\_\_\_\_

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

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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
_____	_____
_____	_____
_____	_____

Referred to TLPCA by: \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Return to TLPCA office with application and dues check.