

SCWCPA 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 SCWCPA 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 SCWCPA by: _____
Name

Company

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