



**SOUTH CENTRAL WALL,
CEILING & PLASTER
ASSOCIATION**

*Drywall • Plaster • Stucco
E.I.F.S. • Acoustical
Veneer Stone
Fireproofing*

GENERAL CONTRACTOR PARTNERSHIP APPLICATION

The company or corporation named below hereby applies for a general contractor partnership in the South Central Wall, Ceiling & Plaster Association (formerly, Texas Lathing and Plastering Contractors Association).

The undersigned certifies that the firm is actively engaged in the walls and ceilings business and that, if accepted for membership, it 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 Association 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 SCWCPA "Application" and "Application Fact Sheet" and return them along with your check or credit card authorization in the amount of **\$250.00** to the Association Office. This sum will cover dues through December 31, 2013. Membership will automatically renew on January 1, 2013 if paying by credit card. Membership fees are not refundable.

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> AMERICAN EXPRESS
Card # _____		Expiration Date _____
Signature _____		

\$250.00 General Contractor Partnership

Membership may be canceled by written notice to the SCWCPA office.

Name of Firm: _____

Mailing Address: _____

Phone: _____ FAX _____

E-Mail Address: _____ Web Page: _____

Signatures (firm's point of contact and/or authorizing agent)

Accepted: _____ Declined: _____ Date: _____

SCWCPA APPLICATION FACT SHEET

Name of firm applying for membership: _____

Type of business: _____

Please list all branch locations in the South Central Region you want listed in all SCWCPA literature:

Number of years in business: _____

List at least two sub contractors 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 company
representatives authorized
to make updates or changes
to your SCWCPA
membership:

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.