



**TEXAS LATHING &
PLASTERING CONTRACTORS
ASSOCIATION**

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

ASSOCIATE MEMBERSHIP APPLICATION

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

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 TLPCA "Associate Membership Application" and "Application Fact Sheet" and return them along with your check or credit card authorization in the amount of **\$995.00** to the Association Office. Membership fees are not refundable.

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

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

Name of Firm: _____

Mailing Address: _____

Contact Name: _____ Contact Phone: _____

Contact E-Mail Address: _____ Web Page: _____

Signatures (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: _____

Number of years in business: _____

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: _____

Web Page _____

E-Mail: _____

List names of all officers:

Name	Title
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_____	_____
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_____	_____
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Referred to TLPCA by:

Return to TLPCA office with application and dues.