



Application for Membership 2017

Company _____

Contact Name* _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Web site _____

Select Dues Category

- Contractor (\$2,200)
 - Manufacturer (\$950)
 - Dealer - Primary Location (\$650)
 - Dealer- Additional Branch (\$140) # of branches: _____
 - Labor Organization (\$2,200)
 - Professional (\$550)
 - Remote Member (\$550)
- TOTAL: \$** _____

*Please indicate additional individuals to receive communications on the next page.

Description

Please provide a short description of your company. You may use up to 254 characters. This description will be placed in the membership directory on the NWCB web site. You can also e-mail your description to info@nwcb.org

We understand that in order to become a member and/or maintain membership status, we must follow and uphold all current Bylaws, the objectives of the NWCB Business Plan and all anti-trust and conflict of interest laws.

Authorized Signature _____ Date _____

Payment

Please include a check or authorize credit card payment in U.S. funds for the first year's dues with this application.

- Check - Please make your check payable to "NWCB." Check amount: \$ _____
- Visa/MasterCard, American Express, Discover. Charge amount: \$ _____

Credit Card # _____ Exp: _____

Card holder name _____

Billing address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Card holder signature _____

Please list additional individuals to receive NWCB communications

Contact Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Communication Preference

- E-mail
 Mail

Contact Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Communication Preference

- E-mail
 Mail

Quick Survey

What do you expect to be the most important benefit of being a member of NWCB?

Please rank the following membership benefits in the order of importance to you. This quick survey will help us understand the needs of our members and continue to develop programs that best serve our membership.

Please, rank the following items from **ONE** (most Important) to **SIX** (least important), using each number just once.

- _____ Networking
- _____ Educational opportunities
- _____ Technical information
- _____ Jobsite assistance
- _____ Publications
- _____ Business referrals

Thank you and welcome to the Northwest Wall and Ceiling Bureau!

Get involved to get the most out of your membership.