



**TEXAS
LATHING &
PLASTERING
CONTRACTORS
ASSOCIATION**

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

ASSOCIATE MEMBERSHIP APPLICATION

The individual named below hereby applies for Associate Membership in the South Central Wall, Ceiling & Plaster Association (formerly the Texas Lathing & Plastering Contractors Association).

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 SCWCPA "Application Fact Sheet" and return it, along with your check or credit card authorization in the amount of **\$750.00** to the Association office. This sum will cover dues through December 31, 2010. Membership fees are not refundable.

Name of Firm: _____

Mailing Address: _____

Telephone: _____ / _____ **Fax:** _____ / _____
Area Code Area Code

E-Mail _____ **Web Site** _____

Signatures (all firm officers)

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

Accepted: _____ Declined: _____ Date: _____

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 lath and plaster 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
------	-------

_____	_____
-------	-------

_____	_____
-------	-------

Referred to SCWCPA by: _____

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