



**TEXAS
LATHING &
PLASTERING
CONTRACTORS
ASSOCIATION**

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

CONTRACTOR MEMBERSHIP APPLICATION

The individual, partnership, company or corporation named below hereby applies for contractor membership in the South Central Wall, Ceiling & Plaster Association (formerly the 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 complete the SCWCPA "Contractors Membership Application" and "Application Fact Sheet" and return them along with your check or credit card authorization to the Association Office.

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

\$500.00
New Member
Rate

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

Name of Firm: _____

Mailing Address: _____

Phone: _____
A/C

FAX _____
A/C

E-Mail Address: _____

Web Page: _____

Signatures: (all firm officers)

SCWCPA APPLICATION FACT SHEET

Name of firm applying for membership: _____

Type of business: _____

Please list the type of materials and/or products installed: _____

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
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_____	_____
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_____	_____
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Referred to SCWCPA by: _____
Name

Company

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