



Build. Excellence. Within.®

APPLICATION FOR MEMBERSHIP

Date: _____

Please indicate who/what assisted you in your decision to join CISCA:

Committee: _____ INTEX _____ Referred by: _____ Gift of: _____

COMPANY PROFILE

Please Type or Print – IMPORTANT: Your membership data will appear as shown below:

Company Name: _____ Year Est. _____

Company Contact Name: _____ Title _____

Company Contact Email: _____ Website _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: (_____) _____

Main Location: Yes _____ No _____ Branch of: _____

COMMUNICATIONS

CISCA regularly sends news and information, including a weekly email news bulletin and text announcements. Please provide your information for general communications. You may opt in as many other personnel in your firm to receive general CISCA email as you wish. You may easily unsubscribe at any time. Please list any other recipients on a separate sheet or the reverse side of this form.

Name: _____ Email Address: _____ Text: _____

CISCA has permission to contact me (us) by email & fax: _____ Signature _____

ANNUAL MEMBERSHIP DUES

Check the category that applies to your firm:

- Contractor \$ 695.00
- Manufacturer (Acoustical) \$ 995.00
- Manufacturer (Specialty) \$ 995.00
- Distributor \$ 855.00
- Independent Mfg Rep \$ 395.00
- Architects/Educators \$ 300.00
- Service Associate \$ 495.00
- Branches of above (1-4) \$ Included
- Branches of above (5-10) \$ 130.00 each (Billed to parent company)
- Branches of above (11-49) \$ 100.00 each (Billed to parent company)
- Branches of above (50+) \$ 50.00 each (Billed to parent company)

*Dual Membership (must also select and pay for a full membership in one of the regular membership categories at left)

- Dual - Manufacturer \$ 505.00
- Dual - All other \$ 195.00

*Dual Membership: CISCA offers a reduced dues fee to companies conducting multiple functions within their corporate structure, i.e. contractor operating a manufacturing facility as a secondary function.

PAYMENT INFORMATION

Dues Amount _____ Check # _____ Charge: Visa _____ Master Card _____ AMEX _____
Card # _____ Exp. _____ Security Code: _____

Signature: _____

We, the undersigned, do hereby make application for membership in the CEILINGS & INTERIOR SYSTEMS CONSTRUCTION ASSOCIATION. We agree to abide by the Articles of Incorporation and Bylaws of the Association, to pay all duly levied dues and assessments and to offer our cooperation in the activities of the Association to further its objectives within the limits provided by the Bylaws.

Signed: _____

1. Contributions or gifts to CISCA are not tax deductible as charitable contributions for federal income tax purposes.
2. Dues payments may be deductible by members as an ordinary and necessary business expense.

CEILINGS & INTERIOR SYSTEMS CONSTRUCTION ASSOCIATION
1010 JORIE BLVD., SUITE 30 | OAK BROOK, IL 60523

630-584-1919 | FAX: 866-560-8537 | EMAIL CISCA@CISCA.ORG | WWW.CISCA@CISCA.ORG



In order for us to better serve you, please answer the following questions:

How did you hear about CISCA?

What made you decide to join CISCA?

What is the most important benefit you hope to receive from your CISCA membership?

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