



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: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell 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.

\* PLEASE BE AWARE THAT ALL MEMBERSHIP DUES ARE NON-REFUNDABLE \*

CEILINGS & INTERIOR SYSTEMS CONSTRUCTION ASSOCIATION
PO BOX 293 ELMHURST, IL 60126

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