



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 indicated below:

Company Name: \_\_\_\_\_ Year Est. \_\_\_\_\_

Company Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Company Contact Email: \_\_\_\_\_ Web site \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Main Location: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of: \_\_\_\_\_

## COMMUNICATIONS

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

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 \$ 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 -- All billed to parent company
- Branches of above (11 -49) \$ 100.00 each -- All billed to parent company
- Branches of above (50 or more) \$ 50.00 each -- All billed to parent company

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

- 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. Proof of ownership and relationship to Parent Company must be available in a common public listing.

## PAYMENT INFORMATION

Dues Amount \_\_\_\_\_  Check # \_\_\_\_\_  Charge: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ AMEX \_\_\_\_\_

Additional subscriptions \_\_\_\_\_ Card # \_\_\_\_\_

Total Amount due \_\_\_\_\_ 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: \_\_\_\_\_

- Contributions or gifts to CISCA are not tax deductible as charitable contributions for federal income tax purposes.
- 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

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