



Together We Are Stronger



Membership Application

Name of Firm _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Extension _____

Fax _____ Cell _____

Website _____ Email _____

Date _____ Signature _____

Contractor Members:

CA State License Number _____ Classification _____

Who may we thank for your referral? _____

Dues cover membership in the MCAC / MCAA from July 1st to July 1st of each year for *Contractors*.

DUES SCHEDULE – Contractor Members

Rate	Volume of Business	Dues Per Year*
A	Under \$ 1M	\$700.00
B	\$1M – 4.9	\$1,200.00
C	\$ 5M – 9.9M	\$1,800.00
D	\$ 10M – 14.9M	\$2,300.00
E	\$ 15M and over	\$3,500.00

DUES SCHEDULE – Associate Members

Associate -	Professional Service Provider	\$300.00
Associate -	Material & Equipment Dealer/Supplier	\$450.00
Associate -	Manufacturer/Producer	\$800.00
Type of Business or Product:	PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS BELOW. _____	

PAYMENT OPTIONS

Check Payable To: MCAC 7844 Madison Ave. , Suite 140 Fair Oaks, CA 95628	Pay Online: www.mca-ca.org	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex Card # _____ Exp ____ / ____ 3 or 4 digit code _____ Zip code on statement: _____ Card holder name: _____ Signature: _____
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***Additional dues and member services apply to San Diego County for Contractor and Associate Members.**

Your signature on this application also represents your consent to receive communications sent by, or on behalf of, MCAC/MCAA via regular mail, e-mail, telephone, and fax.

Signed: _____ Date: _____