

## Application for Associate Membership

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

If a corporation, list name and title of principal officers: \_\_\_\_\_ If individual or partnership, name of owners or partners: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Individual to be considered the official representative for purposes of voting and holding elected office in DCA:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Other person(s) to receive official DCA correspondence:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Year started: \_\_\_\_\_ Number of years: \_\_\_\_\_

List of products manufactured or distributed and/or services performed (if a multi-industry firm, list only those products used in the gas distribution or pipeline operations):

\_\_\_\_\_  
\_\_\_\_\_

DCA Member Referral (List up to three (3) active Contractor members of DCA known by the applicant)

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

DCA Member Referral (List one (1) active Associate member of DCA known by the applicant)

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

If elected to membership, we agree to abide by the By-Laws of DCA: \_\_\_\_\_

Signature and title

Date

Once the application is approved, the DCA will send the official contact listed above a secure link to complete the payment online via Credit Card or ACH transfer. **The annual dues for Associate Members: \$2,500**

Send Questions and/or Completed Applications to: [info@dcaweb.org](mailto:info@dcaweb.org)