

Application for Contractor 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 distribution or pipeline construction business: _____ Year started: _____ Number of years: _____

Geographical areas served: _____

Types of services performed:	Number of employees
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %

DCA Member Referral (List three (3) active members of the Association) (Optional and if applicable)

1. Name _____ Title _____ Company _____

2. Name _____ Title _____ Company _____

3. Name _____ Title _____ Company _____

List utility companies and/or municipalities for which your organization has performed distribution or pipeline construction during the past three (3) years:

1. Company _____ Contact _____

2. Company _____ Contact _____

3. Company _____ Contact _____

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

Signature and title

Date

Once the application is approved by the Board of Directors, 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 Contractor Members: \$5,000**

Send Questions and/or Completed Applications to: info@dcaweb.org