



36200 Schoolcraft Road | Livonia, Michigan 48150
(313) 341-7661 | (313) 341-1007 fax | www.mcadetroit.org

Associate Membership Application

Date _____

The undersigned hereby makes application for Associate Membership in the MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, and, if elected, agrees to be governed by the Rules and Regulations and to abide by the Constitution and By-Laws of said Association now in effect, or, that may hereafter be enacted or amended. Annual local membership dues of \$1,000 will be billed in January of each year.

Full Company Name _____

Address _____

City _____

State _____

Zip + 4 _____

Phone No. _____

Fax No. _____

Web Site _____

Product or Service _____

DESIGNATED REPRESENTATIVES

Principal - Full name and title _____

Cell Phone No. _____

E-mail Address _____

Spouse's Name _____

Home Address _____

City _____

State _____

Zip _____

Principal - Full name and title _____

Cell Phone No. _____

E-mail Address _____

Spouse's Name _____

Home Address _____

City _____

State _____

Zip _____

PLEASE INCLUDE DESIGNATED REPRESENTATIVES BY SENDING NOTICES FOR:

- General Membership Meetings
- Mechanical Construction Committee Meetings
- Plumbing Committee Meetings
- Service Committee Meetings
- MCA Detroit Annual Golf Invitational
- MCA Detroit Annual Duck Dinner

ENDORSED BY (For MCA Detroit office use only. To be completed after receipt of application and approval by the board of directors.)

Endorser _____

Company _____

Date _____

Endorser _____

Company _____

Date _____

**Mail application to the attention of Della DellaPella at:
36200 Schoolcraft Rd - Livonia, MI 48150**

Date accepted _____

