



100% Money Back Guarantee\*\*\*

# MEMBERSHIP APPLICATION

Membership Categories (Please check appropriate category)

General Contractor  Sub Contractor/Supplier  Affiliate Organization

Company: \_\_\_\_\_

Principal Trade /Business Classification: \_\_\_\_\_

(i.e. Residential Contractor; Commercial Contractor or both? Affiliate: CPA, Lawyer or Realtor etc.)

Primary Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Website \_\_\_\_\_ E-mail \_\_\_\_\_

Do you check your E-mail at least once a day?  Yes  No

Who should receive all billing/invoice notices?: \_\_\_\_\_ E-mail \_\_\_\_\_

Should anyone else receive the CCCIA meeting & special event mailings, emails or faxes? \_\_\_\_\_

State License # or State Certification # \_\_\_\_\_

Occupational License # \_\_\_\_\_

Referred by: Name & Company: \_\_\_\_\_

Contributions or gifts to [name of organization] are not tax deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.

## MEMBERSHIP DUES

GENERAL CONTRACTOR: \$ 425.00 SUB/SUPPLIER/AFFILIATE: \$ 375.00

New Member Dues ..... \$ \_\_\_\_\_

Website Link (\$50.00) ..... \$ \_\_\_\_\_

Directory Category (one included each additional \$25.00)..... \$ \_\_\_\_\_

Families for Cape Corals Future PAC (\$35.00 Minimum **VOLUNTARY CONTRIBUTION**) ..... \$ \_\_\_\_\_

Total Amount Due ..... \$ \_\_\_\_\_

Check Enclosed  Charge My:  VISA  MASTERCARD  AMERICAN EXPRESS

Card Number: \_\_\_\_\_ CID# \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*Membership Doesn't Cost... It Pays!*

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\*\*\*Terms & Conditions Apply. Go to [www.cccia.org](http://www.cccia.org) for details.