



Membership Application for Sheboygan Contractors Association

\$125 for Initiation / \$125 for 1 years dues

This application is for:

- Corporation
- Company
- Individual

Individual's Information
Name
Address
Telephone Number
Business Name
Business Address
Business Telephone
Business E-mail Address

Company or Associate Members Information
Company's Name
Address
Telephone Number
Number of Memberships

Name of Representatives that might attend under Company's name
(include address & phone number)

_____	_____	_____
Name	Address	Phone

_____	_____	_____
Name	Address	Phone

_____	_____	_____
Name	Address	Phone

Partner's Name: _____

How long has your company been in business: _____

Type of business: _____ Type of work done: _____

If supplier, which type of business do you supply: _____

- Is your company a:
- Contractor Sub-Contractor
 - Supplier Architect / Engineer

List three trade references: _____

If required by the City of Sheboygan, do you hold a valid contractors license? Yes No

If yes, please list type and license number _____

Do you hold a contractors license from another city? List city and license number.

Applicant's Signature

Date

Membership Committee Approval _____

Date

Signed by: _____

Membership Approval: _____

Date

Mail application to: Sheboygan Contractors Association, PO Box 1394, Sheboygan, WI 53082-1394