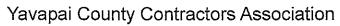


## Y.C.C.A.



## professional & profitable members

0

		Date:	
Business Name:			N
Street Address:			
Mailing Address: ——			
Business Phone:	Fax:	,	Email:
Website Address:			No. of employees:———
Owner/Principal(s):			
Years in Business:	Workers Comp	Insurance Co.:	
Please indicate which o	ommittees you would like	to participate in:	Political Action
	Please select	one classification	
CLASS A: (Licensed Contractors) \$350 Annual Membership Fee: Descriptive Category of Business (i.e. General of Residential Construction):			
ROC License #:	Class:	ROC License #:	Class:
CLASS B: (Manufacturers or Suppliers of Building Materials) \$350 Annual Membership Fee: Description of Goods (Vendors Only):			
CLASS C: (Business Supplying Services to Contractors or Desiring to Associate with YCCA) \$350 Annual Membership Fee Description of Service:			
I agree to support the mission of YCCA.			
Member Signature	P	rint Name	