

Application for Associate 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 business: _____ Year started: _____ Number of years: _____

List of products manufactured or distributed and/or services performed (if a multi-industry firm, list only those products used in the gas distribution or pipeline operations):

DCA Member Referral (List up to three (3) active Contractor members of DCA known by the applicant)

1. Name _____ Title _____ Company _____

2. Name _____ Title _____ Company _____

3. Name _____ Title _____ Company _____

DCA Member Referral (List one (1) active Associate member of DCA known by the applicant)

1. Name _____ Title _____ Company _____

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

Signature and title

Date

Method of payment upon Board of Directors' Approval: **Annual Dues: \$750**

Invoice Me _____ Check Enclosed _____ Credit Card _____ Amex _____ MasterCard _____ Visa _____

CC# _____ Expiration Date _____ Name on card _____

Print and Mail, E-mail or Fax Completed Application to:

Distribution Contractors Association

101 W. Renner Rd., Suite 460 / Richardson, Texas 75082

Phone: (972) 680-0261 / Fax: (972) 680-0461 / www.dcaweb.org / membership@dcaweb.org