



Midwest

Wall and Ceiling Contractors

APPLICATION FOR MEMBERSHIP

**Contractor Membership is \$200.00 per calendar year.
Association Member is \$225.00 per calendar year.**

Please attach a check payable to Midwest Wall and Ceiling Contractors for the appropriate amount. Return with your completed application to the address below. If you are not approved for membership, your check will be returned to you.

1. Company Information

Company Name _____

Company Address _____

Company City/State/Zip _____

Company Telephone _____

Company Fax _____

Company Website _____

Company Key Contact _____

Company Key Contact's Email _____

Second Company Representative _____

Second Company Rep's Email _____

Number of Years in Business _____

Company FEIN _____

2. Recommended By

Company Name _____

Company Address _____

500 N. Michigan Ave. - #600, Chicago, Illinois 60611 • Phone: 773-442-8260 • Fax: 773-442-8537

office@midwestwallandceilingcontractors.org

Company City/State/Zip _____

Company Telephone _____

Company Contact Person _____

Contact Person's Email _____

3. What is the nature of your business?

4. What benefits do you expect to receive by attaining membership?

5. Please note the type of firm that you have.

- Corporation (C or S) – please attach a list of the shareholders and officers and a copy of the certificate of incorporation.
- Sole Proprietorship – please list the owner.
- Partnership – please attach a list of the partners and a copy of the partnership agreement.
- Limited Partnership – please attach a list of the general partners and a copy of the partnership agreement.
- Limited Liability Company – please attach a list of the managers or members and provide a copy of the certificate of Limited Liability Company formulation.
- Joint Venture – please attach a list of the Joint Venture partners and a copy of the Joint Venture Agreement.
- Other – please attach an explanation of the type of entity, its ownership and supporting documents.

6. Are you personally or is the company listed in this application delinquent in making payments to any health, welfare, pension or apprentice training fund? If so, please explain.

7. Do you or the applicant company have any jobs started or under contract with any builder or developer? If so, please list them.

8. Do you or the applicant company have any jobs started or under contract with any subcontractor or supplier? If so, please list them.

9. Do you or the applicant company have any other direct jobs started or under contract? If so, please list them.

10. Is the company signatory to any union contract? If so, please list.

11. Has the company submitted an application to become signatory to any union agreement in the last two years? If so, please answer the following questions.

When? _____

If not accepted, please state why. _____

12. Please provide a copy of the policy of certificate of insurance under state worker's compensation and occupational disease laws.

13. Please provide a copy of the surety bond in the amount set forth in any collective bargaining that you are currently signatory to and for each union you have or will assign Bargaining Rights to this Association.

14. Applicant must complete the attached Assignment of Bargaining Rights within ten (10) business days of notification of acceptance of membership.

15. Please check the boxes next to the trades that you employ.

- Auto Mechanics
- Carpenters
- Laborers
- Lathers
- Operating Engineers
- Painters
- Plasterers
- Tapers
- Teamsters
- Other – please explain. _____

Applicant states that it is an employer that employs one or more of the above-listed tradesmen and assigns its Bargaining Rights and does authorize Midwest Wall and Ceiling Contractors to enter into collective bargaining on its behalf for each union listed in the attached Assignment of Bargaining Rights provided this application is accepted.

Applicant agrees, if its application is accepted, to be bound by the provisions of the Bylaws of Midwest Wall and Ceiling Contractors and by all acts of the Association, its directors, and its officers authorized thereby. Applicant understands that acceptance of its application is subject to approval by the Board of Directors and agrees that the Board, in determining whether this application shall be approved, may require that the applicant furnish satisfactory proof of financial responsibility. The undersigned represents that he or she is authorized to apply for membership and holds the office or title of _____.

Signature of Authorized Person

Date

Print or Type Name