



Associate Member

MEMBERSHIP APPLICATION

NAME OF APPLICANT FIRM: _____

ADDRESS : _____

PHONE: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

WEBSITE: _____

NAME OF REPRESENTATIVE TO ASSOCIATION (person to receive communications, mailings, primary liaison)

1) _____ 2) _____

ADDITIONAL REPRESENTATIVES WHO WILL OCCASIONALLY ATTEND MEETINGS/EVENTS

Signature of Authorized Representative of Applicant

Date

The Applicant states that the above named firm is a supplier or vendor to the painting and allied trades industries and does not employ tradesmen. The undersigned applicant agrees, if the application is accepted, to be bound by the provisions of the FCA of Illinois Bylaws now in effect, including any changes to Bylaws which may be subsequently adopted. The undersigned states and represents that he/she is authorized to execute this Application on behalf of the Applicant, and has read the foregoing and understands the contents thereof.

DUES INFORMATION

Annual Dues: \$300

Mail your completed application and payment to: FCA of Illinois
1991 W. Downer Place
Aurora, IL 60506

Check Enclosed, or

Visa MasterCard

Card Number: _____

American Express

Expiration Date: _____ CVV Code: _____

Card Holder Name: _____

Please enclose your check for \$300, complete and return this form or call the FCAI office at 630-264-7880 to process your credit card information and fax or email your application.