



76 E. North Street
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APPLICATION FOR MEMBERSHIP

CONTRACTOR MEMBER _____ SUPPLIER/AFFILIATE MEMBER _____

Name of Contact _____

Name of Company _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (If different from street address):

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (Area Code) _____ Number _____

Fax (Area Code) _____ Number _____

Cell (Area Code) _____ Number _____

E-mail Address _____

Website Address for linking to MCANEO Website: _____

BUSINESS REFERENCE: _____

CREDIT REFERENCE: _____

Please enclose your check payable to the Masonry Contractors Association of Northeast Ohio, Inc., for annual membership dues in the amount of **\$350.00**.

I hereby make application for membership in the Masonry Contractors Association of Northeast, Inc., on the basis of the foregoing statement and agree, if elected, that I will be governed by the rules and regulations of the organization as long as I continue a member. I further agree that should I wish to withdraw from membership, I shall tender my resignation in writing and pay all dues to date of resignation.

It's **"FREE"** to receive a quote of savings on Workers' Compensation Premiums.

AC-3 Authorization. Please Check this Box to certify that Compensation Consultants, Inc. (ID NO. 150-80) and Buckeye WC Alliance / Masonry Contractors Association of Northeast Ohio (48000, 2008/2009, code 11/20) including its agents or representatives identified to you has been retained to review and perform studies on certain workers' compensation matters on our behalf.

DATE: _____ SIGNED _____

Please return your completed application to:
Masonry Contractors Association of Northeast Ohio (MCANEO) at the address above.