



# MECHANICAL CONTRACTORS ASSOCIATION OF NORTH CENTRAL WISCONSIN, INC.

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## APPLICATION FOR MEMBERSHIP

Firm Name \_\_\_\_\_

Street Address \_\_\_\_\_

P O Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Principal Officers and Directors:

President \_\_\_\_\_ Secretary \_\_\_\_\_

Vice President \_\_\_\_\_ Directors \_\_\_\_\_

Treasurer \_\_\_\_\_

The undersigned hereby applies for admission as a member of the Mechanical Contractors Association of North Central Wisconsin, Inc., and upon acceptance by the Association, agrees to comply with the By-laws and the Articles of Incorporation in effect and gives the following bargaining authorization:

"By becoming and remaining a member of the Mechanical Contractors Association of North Central Wisconsin, Inc., the undersigned employer or contractor member hereby authorizes the Association to conduct, on his or its behalf, the collective bargaining negotiations with the several labor organizations representing some or all of the member's employees, and further, authorizes the Association to enter into appropriate labor agreements with these labor organizations. Said collective bargaining and contracting authority may be transferred or delegated by the Association to other associations or groups."

Firm \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Dated \_\_\_\_\_

Names of Members Recommending Applicant:

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Credit References:

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Other Members of Your Firm Authorized to Vote or Represent You:

_____	Title	_____
_____	Title	_____

All Association mail will be sent to the president of the firm. If you would like other arrangements made, please call the association office.

Please return this application in the enclosed envelope.

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(For Association Use Only)

\_\_\_\_\_ has been  
accepted for membership in the Mechanical Contractors Association of North  
Central Wisconsin, Inc. by a majority vote of its members on this \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_.

Attest: \_\_\_\_\_  
President  
\_\_\_\_\_  
Executive Vice President