

DEEP FOUNDATION CONTRACTORS ASSOCIATION of Greater Cleveland

950 Keynote Circle, Suite 10, Cleveland, Ohio 44131
(216) 398-9860 Fax (216) 398-9801

APPLICATION FOR MEMBERSHIP

I, _____ hereby apply for active membership in the **Deep Foundation Contractors Association of Greater Cleveland**, a non-profit organization. Membership in the Association constitutes agreement to abide by the Constitution and By-laws and deliberative acts of the general membership and the Executive Board and the collective bargaining agreements of the Association.

Name of Applicant _____ E-mail: _____

Name of Company _____ Web site: _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax Number _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Fax Number _____

Position with Company _____ Number of Years in Business _____

List other officers or partners of the Company _____

Designated representative of firm: _____ E-mail: _____

Alternate representative of firm: _____ E-mail: _____

To enable the Association to classify this application properly, the following information is requested:

1. We are a _____ Corporation _____ Partnership _____ Proprietorship

2. Nature of business: _____ Pile Driver _____ Caisson
_____ Tie Back
_____ Auger Cast Pile _____ Other (Specify)

3. Construction trades we normally employ:

_____ Pile Drivers _____ Iron Workers
_____ Laborers _____ Operating Engineers
_____ Carpenters _____ Others _____ (specify)

(over)

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BUSINESS REFERENCE: Give names and addresses of at least two persons for whom you have recently worked.

1. Name of Individual _____

Name of his Company _____

Address _____

2. Name of Individual _____

Name of his Company _____

Address _____

Dues: \$100 per year payable with this application .

Please make your check payable to: **Deep Foundation Contractors Association of Greater Cleveland**. Sub-association dues are not considered a charitable tax deduction, however, they are considered as an ordinary and necessary business expense and deductible as such.

Date Signed

Signature of Applicant

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For Association Use:

Date application received: _____

Date reviewed by the Board: _____