

TOGETHER WE ARE STRONGER. JOIN MCAA & ICMA.

Yes, I accept your invitation to become a member of the Mason Contractors Association of America and the Indiana Concrete Masonry Association.

Membership Application

Company Name

Primary Contact Name:

Business Address:

City:

State:

Zip:

Phone:

Fax:

Web Address:

E-mail:

Signature of Applicant:

Method of Payment

Total Amount Due \$795

Check MasterCard VISA

Card Number: _____

Exp Date: _____

Signature: _____

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AREA of Work Your Company Performs:

- | | |
|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Educational (K-12) |
| <input type="checkbox"/> Educational (University) | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Government |
| <input type="checkbox"/> Industrial | |

TYPE of Work Your Company Performs:

- | | | |
|---------------------------------------|-------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Masonry Panels | <input type="checkbox"/> Caulking |
| <input type="checkbox"/> Glass Block | <input type="checkbox"/> Waterproofing | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Terrazzo | <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Refractory |
| <input type="checkbox"/> EIFS | <input type="checkbox"/> Damp proofing | <input type="checkbox"/> Pre-cast |
| <input type="checkbox"/> Air Barriers | <input type="checkbox"/> Tuck Pointing | <input type="checkbox"/> Plastering |
| <input type="checkbox"/> Pavers | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Flashing |
| <input type="checkbox"/> Stucco | <input type="checkbox"/> Retaining Wall Systems | |

Company Information

Is your company signatory to union agreements?

No Yes

How many bricklayers does your company employ?

What year was this business established?

Please list the States (and/or Countries/Provinces) where your company performs work:

Please complete this Membership Application and return with payment to:

ICMA, P.O. Box 130, Bellefontaine, OH 43311

Questions? Call (937) 599-3682