



**San Antonio Masonry Contractors
Association**

Application for Membership

Company Name: _____

Business Address: _____

Mailing Address: _____

(If different from above address)

Phone #: _____ Fax #: _____

E-mail address: _____

Representative: _____

Alternate: _____

Type of Membership applied for: Contractor _____

Associate _____

The above named applicant hereby makes application for membership in the San Antonio Masonry Contractors Association. Applicant also hereby tenders payment in the amount of \$250 as initial dues assessment (unless prorated) for the membership year beginning January 1, and ending December 31.

If accepted, I pledge to uphold the purposes and objectives of this association for the protection and advancement of the interests of those engaged in the masonry contracting industry; the constructive exchange of ideas and solutions to masonry related problems; and the fostering of a program for the recruiting and training of qualified masons.

SIGNATURE

DATE

SPONSOR

Prorate Membership Dues: January 1 – December 31.....\$250
April 1 – December 31.....\$200
July 1 – December 31.....\$150
October 1 – December 31.....\$100

Mail to: SAMCA, c/o Treasurer, P.O. Box 791042, San Antonio, TX 78279-1042