



# Sheboygan Contractors Association

## Membership Application

**\$125 For 1 year's dues**

*For Contractors of Sheboygan County*

Mail application to: Sheboygan Contractors Association, PO Box 1394, Sheboygan, WI 53082-1394

### General Information (\*required fields)

\*Company: \_\_\_\_\_

Check one:  Corporation  Company  Individual

\*Representative: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

\*Type of Business: \_\_\_\_\_

\*Type of Work Done: \_\_\_\_\_

If supplier, which type of business do you supply: \_\_\_\_\_

How many years in business? \_\_\_\_\_

Is your company a:  Contractor  Supplier  Sub-Contractor  Architect/Engineer  Other: \_\_\_\_\_

List three trade references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If required by the City of Sheboygan, do you hold a valid contractors license?  Yes  No

If yes, please list type and license number \_\_\_\_\_

Do you hold contractors license from another city? List city and license number: \_\_\_\_\_

### Membership Agreement

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Membership Committee Approval:  Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

Membership Approval: \_\_\_\_\_

\_\_\_\_\_  
Date