

**Annual WUCA membership dues for Affiliate Contractor members
are \$750/year and prorated for firms joining in midyear.**

APPLICATION FOR AFFILIATE CONTRACTOR MEMBERSHIP

FIRM NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE : _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

PARTNERSHIP: _____ INDIVIDUAL: _____

PRINCIPAL OFFICERS AND DIRECTORS:

PRESIDENT: _____ SECRETARY: _____

VICE PRES. _____ DIRECTOR: _____

TREASURER: _____ OTHER: _____

I/We the undersigned, do hereby apply for membership in WISCONSIN UNDERGROUND CONTRACTORS' ASSOCIATION and do hereby agree to comply fully with and be governed by the Articles of Organization and by the By-Laws now in force or which may hereafter become operative.

SERVICES YOUR FIRM RENDERS: _____

SIGNED BY: _____ TITLE: _____

Other Members of your Firm Authorized to Represent You: _____
Name & Title

Name & Title

DATED: _____

**DUES MUST ACCOMPANY
THIS APPLICATION**