

# RMCA

## RESIDENTIAL MASONRY CONTRACTORS ASSOCIATION

### MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell/Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

Were you referred to our association by a current RMCA member?  
Y \_\_\_ N \_\_\_ If so, by whom? \_\_\_\_\_

Do you have a website that you would like us to link to from our home page?  
Y \_\_\_ N \_\_\_

If so, please give us the URL: \_\_\_\_\_

Mail checks to:  
RMCA,  
P O Box 901, Monroe WA 98272  
Or

Please charge our credit card (fax to 360-794-4150)

Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name on card: \_\_\_\_\_