

Saaca Sacramento Area Acoustical Contractors Association
1721 Second Street, Suite 201, Sacramento, CA 95814
c/o Cornelius & Co.

MEMBERSHIP APPLICATION

Proposed Member Name: _____

Business Name: _____

Address: _____

Phone: _____ Fax: _____

I hereby apply for membership in the Sacramento Area Acoustical Contractors Association.

I certify that I have an ownership interest in, or I am an officer of a business entity, which owns or operates one or more shops performing work in acoustical trades within the geographical area of California this Association represents.

I have read and received a copy of the Articles of Association and Bylaws of the Sacramento Area Acoustical Contractors Association and agree to abide by them for the term of my membership in this Association.

I understand the application fee for membership in this Association is not refundable and not dependent upon my being accepted for membership.

Application Fee/Annual Dues: \$ 250.00 Contractor

Make check payable to **SAACA**

and mail to **Rudy Swiridoff, P.O. Box 22455, Sacramento, CA 95822**

Amount paid _____ Date: _____

Signature: _____