

membership application



Company/Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Website _____

Representative _____ Title _____

(If more than one representative, please list on the back of this form)

Phone _____ Fax _____

e mail _____

Does your company/organization belong to a contractor's association? Yes No

If yes, please provide name of association _____

Please classify your company/organization

contractor

contractor association

design professional

public/municipal organization

labor organization

active members _____

owner

annual construction expenditures _____

requested membership date _____

Mail to: NWO GLCA
7550 Caple Blvd.
Northwood, Ohio 43619



Great Lakes
Construction
Alliance

An Owner, Labor, Contractor Partnership

additional representatives

Representative _____ Title _____

Phone _____ Fax _____

e mail _____

Representative _____ Title _____

Phone _____ Fax _____

e mail _____

Representative _____ Title _____

Phone _____ Fax _____

e mail _____

Representative _____ Title _____

Phone _____ Fax _____

e mail _____