



Contractors Association of Eastern
Pennsylvania
1500 Walnut Street
Suite 1105
Philadelphia, PA 19102
Phone: 215-546-4555
Fax: 215-546-2259
Email: contractors@caoepa.com
Website: www.caoepa.com

APPLICATION FOR ASSOCIATE MEMBERSHIP

The undersigned hereby makes application for Associate Membership in the Contractors Association of Eastern Pennsylvania.

Upon approval of this application by the Board of Directors, I/we agree to abide by the provisions of the By-Laws covering Associate Membership and will, to the best of my/our ability support the Association in protecting and furthering the interests of the construction industry.

COMPANY _____

ADDRESS _____

TELEPHONE _____ FAX _____

EMAIL _____

WEBSITE _____

TO BE REPRESENTED BY:

ADDRESS _____

TELEPHONE _____ FAX _____

TYPE OF SERVICE:

(BONDING/INSURANCE, MATERIALS, EQUIPMENT, ETC.)

RECOMMENDED BY: _____

COMPANY _____

AUTHORIZED SIGNATURE _____

BOARD APPROVAL _____ ADMITTED _____

CAEP Associate Membership Fee: \$500

Please remit membership application and payment to:

CAEP ♦ 1500 Walnut Street ♦ Suite 1105 ♦ Philadelphia, PA 19102 ♦ Fax: (215) 546-2259

▪ Check Enclosed for \$ _____

▪ Credit Card Payment Amount to be Charged \$ _____

VISA

MASTERCARD

AMERICAN EXPRESS

Credit Card No. _____ Exp. Date _____

Billing Address _____

Cardholder's Name _____

Cardholder's Signature _____