



Contractor Application

3218 E. Bell Rd., #2052
Phoenix, AZ
85032
Phone: (916) 213-9660

Applicant Company _____

Primary Contact _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Contractor's License _____ Classification _____

Referred By (Name & Firm) _____

Company Services Provided _____

Contractor Membership Dues

- | | |
|--|----------|
| <input type="checkbox"/> Tier 1 (Gross Annual Volume 0 -- \$2,000,000) | \$2200 |
| <input type="checkbox"/> Tier 2 (Gross Annual Volume \$2,000,001 -- \$5,000,000) | \$4900 |
| <input type="checkbox"/> Tier 3 (Gross Annual Volume \$5,000,001 -- \$10,000,000) | \$11,700 |
| <input type="checkbox"/> Tier 4 (Gross Annual Volume \$10,000,001 -- \$20,000,000) | \$16,300 |
| <input type="checkbox"/> Tier 5 (Gross Annual Volume \$20,000,001 -- \$45,000,000) | \$18,800 |
| <input type="checkbox"/> Tier 6 (Gross Annual Volume \$45,000,001 and over) | \$23,700 |

The undersigned acknowledges and agrees that he/she has been authorized by the Applicant to submit this application on its behalf. All membership applications are subject to acceptance by the WSCA. In the event this application is accepted, Applicant agrees as follows: (a) Applicant agrees to comply with all bylaws, dues provisions, procedures, rules, including future amendments of the WSCA; (b) Applicant's Membership is subject to the provisions of the Articles of Incorporation, By-Laws, Code of Ethics, and Rules and Regulations, in force or hereafter adopted by the WSCA; (c) Should Applicant become delinquent in its membership for any reason, action will be taken in accordance with the provisions of the WSCA's By Laws; (d) Applicant agrees to pay any legal or collection fees incurred by WSCA for non payment of dues.

Print Name _____ Date _____

Signature _____ Company _____



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Collective Bargaining Representation

Please complete this section ONLY IF Applicant authorizes WSCA to act as its Collective Bargaining Representative. In the event Applicant authorizes WSCA to act as its Collective Bargaining Representative, Applicant's initials below also confirm Applicant's agreement to comply with all provisions of applicable Collective Bargaining Agreements.

Bargaining Authority & Power of Attorney: The undersigned designates WSCA as its sole and exclusive representative for the purpose of negotiating and executing the collective bargaining agreements (master labor agreements) and representation in labor relations between the undersigned and the Union(s) noted below. This Power of Attorney shall continue in full force and effect unless and until the undersigned provides written notice of its revocation, via fax or certified mail (return receipt requested), to the Director of Labor Relations simultaneously therewith to the appropriate Union(s). It is understood that a copy of this Power of Attorney may be provided to the Union(s) initialed below.

Select Representation

- _____ The International Union of Operating Engineers Local 12 MASTER LABOR AGREEMENT.
- _____ Western States Regional Council of Carpenters and Affiliated Local Unions of the United Brotherhood of Carpenters and Joiners of America MASTER LABOR AGREEMENT.
- _____ Western States Regional Council of Carpenters and Affiliated Local Unions of the United Brotherhood of Carpenters and Joiners of America HEAVY HIGHWAY MASTER LABOR AGREEMENT.
- _____ Laborers International Union of North America and Affiliated Local Union MASTER LABOR AGREEMENT.

Print Name _____ Date _____

Signature _____ Company _____