

# Pacific Contractors Association

1432 Palou Avenue San Francisco, CA 94124 (415)-822-9659 Tel (415)-671-0578 Fax

## Membership Application

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Type    Corporation    Partnership    Sole Proprietor

Name of Owner(s) or Officer(s) \_\_\_\_\_ Title \_\_\_\_\_  
Res. Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
Firm Representative \_\_\_\_\_ Spouse's Name \_\_\_\_\_

GENERAL CONTRACTOR    SPECIALTY CONTRACTOR    SUPPLIER    MANUFACTURER    OTHER (specify)

Areas of Specialization, if any \_\_\_\_\_

Years in Business \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Classification \_\_\_\_\_

Previous construction or business experience \_\_\_\_\_

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### BANK REFERENCE

Name and Branch \_\_\_\_\_

TRADE REFERENCES List at least 2 suppliers or sub-contractors

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
(2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
(3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Workers Comp Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Contractor's Bond Carrier \_\_\_\_\_ Bond Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you interested in participating in the following insurance programs?

Workers Comp    Major Medical    Life    License Board    General Liability    Property/Fire    Dues \_\_\_\_\_ per year

We hereby apply to the Pacific Contractors Association for membership. I agree to abide by the Constitution, By-Laws and the Code of Ethics of the Pacific Contractors Association. I certify under the laws of the State of California that the statements above are true and complete. I authorize PCA to verify the information on this application.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Recommended by \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

### For Association Use Only

Dues Check rec'd \_\_\_\_\_ Date Approved \_\_\_\_\_ Verifications Bank \_\_\_\_\_ Trade \_\_\_\_\_ License \_\_\_\_\_

Board Approval (President's Signature) \_\_\_\_\_ Date \_\_\_\_\_