VENTURA COUNTY CONTRACTORS ASSOCIATION

Membership Application

"Serving The Construction Industry For Over 70 Years" - est. 1946

1830 Lockwood Street • Suite 110 • Oxnard • CA 93036 • (805) 981-8088 • Fax (805) 981-8089

Firm Name: _____

Address:_____

City: _____ **State:** ___ **Zip:** _____

Contact: _____ **Title:** _____

Phone: ( ) _____ Fax: ( ) _____

E - Mail : _____ **Website:** _____

Contractors License No.: _____ **Classification(s):** _____

Years in Busines: _____ ❒ **Corporation** ❒ **Partnership** ❒ **Sole Proprietorship**

Specialty Listings (3 Only)
For Database, Annual Directory
and VCCA Website: www.vccainc.com

1. _____
2. _____
3. _____

This Firm is a: ❒ **DBE** ❒ **DVBE** ❒ **MBE** ❒ **SBE** ❒ **WBE** **# Of Employees**____

I/We hereby apply for membership with the Ventura County Contractors Association. If accepted as member, I/we agree to abide by the provisions set forth in the Articles of Incorporation, the Code of Ethics, and the By-laws of the Association. I/we also agree to any subsequent rules, regulations and policies that might be adopted by the Board of Directors.

If accepted, I/we will be eligible to receive all services and benefits offered by the Association based on the membership level. I/we understand and agree that this application, if approved, will be for an ongoing annual membership, which will automatically renew each year on the anniversary of my application being accepted. In the event that membership no longer serves my or my companies interest, I agree to formally cancel the subscription in writing.

I/we understand that simply not paying the renewal fee is not accepted as "cancelling" a membership. I/we understand and agree that cancellation of my membership after my renewal date does not relieve me of my obligation of that periods renewal fee, and agree to fulfil all obligations to the Association, including the payment of all sums due or owing.

Annual Membership Dues $ 395.00 Payment by : ☐ **Check** ☐ **Cash** ☐ **Credit Card**

CC No. _____**Cardholder Name** _____ **CVV**____ **Exp Date**:___/_____

Check one: ☐ **VISA** ☐ **Mastercard** ☐ **AMEX** ☐ **Other**

Signature: _____**Date:** _____

Referred By: _____ **Date application Received**: _____

(For Association Use Only)

Classification of Membership: Licensed Contractor [ ] *Associate* [ ]

Action on application submitted _____ *Approved* [ ] *Disapproved* [ ]