



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 a 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. I/we understand and agree that this application, if approved, will be for an ongoing annual membership, which will automatically renew each year for \$400 on the anniversary of my application being accepted. In the event that membership with the association no longer serves the needs of my/our business interest, I/we agree to formally cancel the subscription in writing, 30-days prior to the membership annual renewal date. Please note that Membership Dues are non-refundable.

I/we understand that simply not paying the renewal fee is not accepted as "cancelling" the 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.

2019 Membership Dues \$400.00 + New Member Processing Fee of \$50.00 = \$450.00 Due with Application. 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 [ ]