

Benefits of Associate Membership

- * Opportunities to increase your customer base
- * Access to CAL SMACNA's "Members Only" section on the website
- * Listing on our website
- * Member rate for convention registration

CAL SMACNA Associate Member Application

Company Name:	
Contact Name:	
Address:	
Telephone:	Cell Phone:
E-Mail:	Website:
Would you like us to link your	Name:State:Zip:
Briefly describe services prov	vided:
Fee Schedule per calendar year i	s as follows:

□ \$100 - if a member of a local SMACNA chapter

□ \$500 - if joining California SMACNA as a direct associate member

Please make check payable to "**CAL SMACNA**" and mail with this completed application to: Membership Department, 1400 K Street, Suite 212, Sacramento, CA 95814

If you have any questions, please contact Veronika Darrach at 916.363.7460 or veronika@cal-smanca.org