

Preferred Commercial Alliance Membership Application 2017

This application must be complete for it to be considered.

Name:	Company Name:
Phone:	Company Address:
Email:	Company Website:

What is your relationship with the company listed above? Owner Employee Franchise Other

If other, please explain: _____

Which market does your company serve? Commercial only Consumer only Both

What is the company's general business service? _____

What are the company's specific services? _____

Do you, or are you required to, have any licenses to operate your business? Yes No. If yes, list numbers below.

Do you or your company have any job size limitations? If so, what are the limits? _____

Please list two business references – current PCA member references are encouraged:

Name:	Name:
Company:	Company:
Phone Number:	Phone Number:
How long have you know this person?	How long have you know this person?
How do you know this person?	How do you know this person?

I understand that I will be required to contribute \$100.00 non-refundable fee, to the PCA group to fund promotional expenses. I will hold harmless the PCA group and its members and agree to abide by the ruling of the membership committee regarding my membership application. I understand that if I don't meet attendance guidelines my membership can be revoked and annual contributions will be forfeited. I hereby authorize the membership committee to investigate my background and call the references listed above.

Signed: _____ Date: _____