

CONSTRUCTORS' LABOR COUNCIL OF WEST VIRGINIA INC.

ASSOCIATE MEMBERSHIP APPLICATION

General Information

Company name: _____

Contact name: _____

Street address: _____

Mailing address: _____

Phone number: _____

Fax number: _____

Email address: _____

Website address: _____

Company profile (please provide a brief description of your business activities)

Signature

Sign name

Print name

Date: _____

*Please email this application to mary@maryprim.com. You may also mail it to the address below:
Constructors Labor Council of WV, Inc. Phone: (304) 342-6107 Fax: (304) 342-6108
Post Office Box 297 Email: mary@maryprim.com
Scott Depot, West Virginia 25560 Website: www.clcwv.com*

Annual Associate Membership Annual Dues are \$750.00.

Please make check payable to Constructors Labor Council of West Virginia, Inc.

Thank you.