



**INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM  
FOR ASSOCIATE MEMBERSHIP WITH MCAWW**

*Applications are due by September 4, 2018 for consideration for 2019 membership.*

**1. Complete the attached application form.**

- List a primary contact person from your firm. This may or may not be your company President.
- Tell us what your area of business is.
- Provide 2 references from different MCAWW contractor member firms. (Visit <http://www.mcaww.net/membership/acontractmembers> for a current list.)
- Provide a brief summary of what your firm does.
- Explain the value you expect to get from membership and how you anticipate being involved with the association.

**2. Mail or email the completed application to:**

MCA of Western Washington  
Attn: Membership Services  
1100 Olive Way, Suite 1250  
Seattle, WA 98101

Email: [MCAWW@mcaww.net](mailto:MCAWW@mcaww.net)

3. **Do not send payment at this time.** In the event that your application is accepted, you will be asked to remit dues to MCA of Western Washington within one month of membership confirmation.
4. Membership renewals must be done on an annual basis and are subject to approval by the MCAWW Board of Directors.

# MCA OF WESTERN WASHINGTON (MCAWW) APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

## 1. CONTACT INFORMATION

---

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL. \_\_\_\_\_

WEBSITE \_\_\_\_\_

COMPANY PRESIDENT/CEO \_\_\_\_\_

**PRIMARY CONTACT** \_\_\_\_\_

TITLE \_\_\_\_\_

TEL. \_\_\_\_\_

EMAIL \_\_\_\_\_

## 2. AREA OF BUSINESS

---

PLEASE CHECK:

\_\_\_\_\_ Manufacturer's Rep                      \_\_\_\_\_ Factory Rep

\_\_\_\_\_ Subcontractor                              \_\_\_\_\_ Distributor/Wholesaler

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

## 3. REFERENCES

---

Provide references from 2 separate **MCAWW contractor member** firms:

1.	Company	
	Contact	
	Phone	
	Email	

2.	Company	
	Contact	
	Phone	
	Email	

## 4. COMPANY INFORMATION

---

Attach a brief summary about your firm (2 pages max).

## 5. REASON FOR MEMBERSHIP

---

On a separate sheet, please tell us why your firm wants to be a member of MCAWW.