



MOHAVE VALLEY
CONTRACTORS ASSOCIATION, INC.
Building Confidence and Trust since 1974

MEMBERSHIP APPLICATION: **New Member** **Renewal Sponsor:** _____
Membership duration is for 1 year, beginning February 1st.

PLEASE PRINT

Company Name: _____

Or... Individual (not representing a company):

Mailing Address: _____

Phone: _____

Cell Phone: _____

License Number: _____

Classification: _____

Best Email to be notified for News Letter & Contact: _____

The **Licensed** members of this Association shall consist of persons who are representatives of businesses that are duly authorized as active licensed contractors of the State of Arizona engaged in the building industry within Mohave County. Licensed members pay dues, are voting members, can be elected as a director, and can be elected as an officer. Any subsequent personnel to the representative of that same business who are considering application to become a member of MVCA will be classified as an associate member upon meeting all membership requirements.

The **Associate** members of the Association shall consist of persons who are individuals or representatives of businesses that do not hold an active state contractor license and are directly or indirectly associated with the building industry within Mohave County, or who would like to make a contribution to their community through the actions of the Association. Associate members pay dues, are voting members, can be elected as a director, and can be elected as an officer.

Type of Membership: **Licensed** **Associate**

One-Year Membership **\$100.00** Pd Ck# _____ Please mail your check with this application.

New Membership One Time Application Fee **\$25.00**

For partial year membership fee, call John 928.707.3368

For office use only

\$Paid: _____ **Date** _____

All applications submitted are reviewed by the MVCA Board of Directors which convenes on the Tuesday preceding the second Wednesday of the month. General dinner meetings for all members are held on the second Wednesday of every month. By signing this application you are acknowledging you have read, understand and will adhere to the MVCA Mission Statement and Code of Ethics (available at mvcaaz.org). As an added benefit your company information will appear on the MVCA website. If you prefer not to be included on the website membership list, please call John at 928-707-3368 or email to mvca9598@gmail.com

Authorized Representative/Associate _____

Print Name

Please attach your business card

HERE

_____ Date

_____ Signature

Please attach your business card and mail to:
 MVCA - John Caponetto
 P.O. Box 9598, Fort Mohave, AZ 86427