

Construction Industries Wholesalers Association – Associate Membership

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Type of Business: _____

I hereby apply for membership in CIWA, Construction Industries Wholesalers Association as an **Associate Member**.

I hereby certify that **I am not** a construction industries wholesaler:

Signature: _____ Date: _____

Annual Membership Fee: \$75.00 . Please remit your check with this application to:

Connie Adams, Executive Director
CIWA
Construction Industries Wholesalers Association
PO Box 1772
Englewood Cliffs, NJ 07632-0781
Phone (201) 541-3111
Fax (201) 541-3114