

MCA-Omaha Membership Application - 2018

Included in this membership application packet:

1. MCA-Omaha Membership Application
2. MCAA / MSCA Membership Application
3. MCA-Omaha Contact Information Sheet

Please mail your completed application (3 sheets) and a check for \$960 (membership dues) to:

Mechanical Contractors Association of Omaha
Marsha Babcock
7561 Main Street, Suite 408
Omaha, NE 68127

Please call us at 402.592.3330 with any questions.

Thank you for applying! We will be in contact with you soon and look forward to seeing you at future events and industry functions.





**Mechanical Contractors Association of Omaha, Inc.
Application for Membership**

Date _____

The undersigned hereby applies for membership in the Mechanical Contractors Association of Omaha Inc., hereinafter called the Association, and hereby promises and agrees, if accepted as a member, to be bound by all the provisions of the Articles of Incorporation and the By-Laws of the Association, as they may be amended from time to time. The undersigned also agrees, if accepted as a member, to assign his collective bargaining rights to the Association and its duly authorized representatives for the purpose of collective bargaining with Steamfitters and Plumbers Local Union #464 and/or Plumbers Local Union #16. **(Please circle the union(s) for which collective bargaining rights are extended.)**

Steamfitters and Plumbers Local Union #464
And/or
Plumbers Local Union #16

The undersigned further agrees to comply with, abide by and perform the terms and provisions to which the undersigned is bound under collective bargaining agreements entered into by the Association and its duly authorized representatives.

In accordance with the by-laws of the Association, as amended, and the accepted policies and standards by which the Association acts, the undersigned deposits \$960 in payment of membership dues, which constitutes payment for the _____ calendar year. Additional dues will be paid on an annual basis upon receipt of a billing sent out by the Association.

The undersigned is a: Sole Proprietorship _____;
Partnership _____;
Corporation _____.

Name of Application Company

Name of Applicant

By _____
Signature of Applicant



Mechanical Contractors Association of America, Inc.
 Mechanical Service Contractors of America
 Plumbing Contractors of America
 1385 Piccard Drive
 Rockville, MD 20850-4340
 (800) 556-3653
 Fax: (301) 980-8690
 http://www.mcaa.org



MEMBERSHIP APPLICATION

I am applying to be a member of MCAA/PCA MSCA

Firm Name _____

P.O. Box _____ P.O. Zip _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Telephone # _____ Fax # _____

E-Mail – Please provide for WebLEM access! _____ Homepage _____

MCAA/PCA Mail Contact _____ MSCA Mail Contact _____

Federal Taxpayer Employer ID# _____

Applicant's Name & Title _____

Applicant's Signature _____ Date _____

- Please enclose a check for minimum annual dues of \$-94.00.™ This amount will be credited toward your first year's annual dues. Dues payments are calculated by multiplying .08 cents for each UA man-hour worked. Once the check is received and the application is processed, you will receive the necessary forms & instructions for reporting these dues.
- Payments of membership dues are deductible for most members of a trade association under Section 162 of the Internal Revenue Code of the United States as ordinary and necessary trade or business expenses. However, contributions or gifts to this organization are not deductible as charitable contributions for federal income tax purposes, since MCAA is a section 501 (c) (6) non-taxable entity under the Internal Revenue Service Code.

Local Association Approval

Local Association MCA-Omaha Executive Director _____

Date _____

MCA-Omaha 2018 Member Information

Contact Info for Internal MCA-Omaha Purposes:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

General Office Phone: (____) _____ - _____ General Office Fax: (____) _____ - _____

Primary Contact Person: _____

Cell: (____) _____ - _____ Office Extension: _____

E-mail Address: _____

Secondary Contact: _____

Cell: (____) _____ - _____ Office Extension: _____

E-mail Address: _____

Website Information – Membership Directory Link

Please fill out the following information specifically for the website.

Company Name: (How you'd like it listed): _____

Company Contact: _____

Contact E-mail: (If you want to list one): _____

Company Website Address: _____

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Full Mechanical | <input type="checkbox"/> Controls |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Service – Commercial |
| <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Service – Residential |

Please e-mail your logo to michele.mcaomaha@gmail.com.



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Omaha, NE 68127