



Lincoln State Council
Your "Partner In Profit"

780 Lee Street, Suite 104A ~ Des Plaines, IL 60016 ~ 847-298-9796 ~ Fax 847-297-7679

Associate Member Application

Thank you for your decision to join thousands of other contractors in support of your industry and profession. **PDCA's mission is to lead the industry and profession by providing quality products, programs, services, and opportunities essential to the success of its members.** Again, thank you for your decision to be a part of the PDCA Your "Partner in Profit".

Please take a few moments to complete this application as fully and legibly as possible. All the information you provide is strictly confidential.

Council: Lincoln State

Company Name: _____

Contact Name(s): _____ Title: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Company Website: _____

Upon acceptance, I will abide by the PDCA Code of Ethics and the Bylaws of the National Association (as well as those of the Chapter and Council if applicable) and any amendments adopted during my membership. I affirm that I am in compliance with state, county, and local laws and ordinances (including licensing, certification, and/or bonding requirements, if any). I am granting PDCA the privilege of contacting me via phone and fax on matters related to my membership.

Referred by: _____

Associate Member Dues Payment Method

2007 Associate Members Annual Dues: \$500.00
(Please deduct \$40 per month that has elapsed in 2007)

Questions? Ask for Membership
Services at 847-298-9796

2007 Dues: \$ _____ ←

Payment Information:

VISA MC AMEX Card Number: _____

Expiration Date: _____ Signature: _____

Check Payment (payable to Lincoln State PDCA)

Note: Dues paid to PDCA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. Please consult your tax advisor for Eligibility.