

# CONSTRUCTORS' LABOR COUNCIL OF WEST VIRGINIA INC.

## ASSOCIATE MEMBERSHIP APPLICATION

### General Information

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website address: \_\_\_\_\_

### Company profile (please provide a brief description of your business activities)

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### Signature

\_\_\_\_\_  
Sign name Print name

Date: \_\_\_\_\_

*Please remit application to:  
Constructors Labor Council of WV, Inc.  
Post Office Box 297  
Scott Depot, West Virginia 25560*

*Phone: (304) 342-6107 Fax: (304) 342-6108  
Email: mary@maryprim.com  
Website: www.clcwv.com*

*Associate Membership Annual Dues are \$500.00.*

*Please make check payable to Constructors Labor Council of West Virginia, Inc.*

*Thank you.*