



PDCA - California Council
3504 Walnut Ave., Suite A, Carmichael, California 95608
916 972-1055 • Fax: 916 972-9831
California Council PDCA: www.paintingcontractorsassoc.com

APPLICATION

1/2 OFF TRIAL MEMBERSHIP PROMOTION

National and Council Membership, Chapter to be determined by location

Thank you for your decision to join thousands of other contractors in support of your industry and profession. **The California Council of PDCA 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 provided is confidential.

Company Name: _____
Contact Name: _____ 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 Council and Chapter 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.

Signature: _____ Date: _____

PDCA Membership Dues Description: 1/2 Off Trial Membership Special Promotion

| Category | Annual Sales Volume | National | Promotion | Council | Promotion | Chapter | Promotion | TOTAL |
|----------|-------------------------|----------|-----------|---------|-----------|---------|-----------|-------|
| ME1 | Up to \$499,999 | 330.00 | 165.00 | 232.00 | 115.00 | *** | 1/2 off | |
| ME2 | \$500,000 - \$2,999,999 | 520.00 | 260.00 | 232.00 | 115.00 | *** | 1/2 off | |
| ME3 | \$3,000,000 and above | 690.00 | 345.00 | 232.00 | 115.00 | *** | 1/2 off | |

Chapter dues will be billed to you per your local chapter requirements. Call our office for details
Select the category that applies to your company. Please submit a check for the Total Dues with the application to: California Council PDCA, 3504 Walnut Avenue #A, Carmichael, CA 95608, or you may pay by credit card and either mail or fax this application to the California Council PDCA:

Cardholder: _____ Card: Visa M/C
Card #: _____ Exp: _____
Signature _____ Date _____

Please check all that apply:
 Residential Commercial Industrial Decorative Finishes

Note: • Membership term will be one year.
• Trial membership allows participation in California Council PDCA Insurance Programs.