



1385 Piccard Drive
 Rockville, MD 20850
 301 869-5800
 www.mcaa.org

MEMBERSHIP APPLICATION

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

Company Name _____

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

Street Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail (needed for member benefits) _____ Homepage _____

MCAA/PCA Mail Contact _____ MSCA Mail Contact _____

Federal Taxpayer Employer ID # _____

Applicant's Name _____ Title _____

Applicant's Signature _____ Date _____

Dues payment made by: Member Chapter Frequency: Monthly Quarterly

Arizona MCA (AMCA) responsible for payment of all MCAA Dues.

~~Please enclose a check for minimum annual dues of \$1,080.00 to cover the first 12,000 UA labor hours worked for the current year. To calculate dues beyond the initial minimum dues payment, multiply .09 cents times the additional UA labor hours worked in excess of minimum (12,000). Companies that submit their own dues will receive dues reporting forms via email upon approval of this application.~~

Local Association Approval

Local Association Arizona MCA (AMCA) Executive Director _____

Date _____

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.