

2022 KCA MEMBERSHIP APPLICATION

Please complete and return this form, with payment, to:

Keystone Contractors Association

PO Box 419 Dillsburg, PA 17019

Company Name:	
Address:	
Phone:	Website:
Contact:	_ Email:
Type of Business / Specialty:	
KCA Member who has agreed to recommend y	/ou:
Annual Associate/Subcontractor Membership I or	Dues of \$350 Check No.:
Annual General Contractor Dues \$350 + Volum	ne Dues Check No.:
For Contractor categories, what building trade union members to you employ:	
Please include a brief narrative on your busines promoting your company.	ss and/or marketing materials to assist the KCA in
Signed by:	Date: