

## APPLICATION FOR UMCA CONTRACTOR MEMBERSHIP

				θ	Sole Proprieto Partnership Corporation	orship
Street Address:			Phone: (	)		
Mailing Address: _			FAX: (	)		
City/State or Provi	nce/Zip Code:		E-mail:			
Print Name and Tit	le of Authorized Representat	ive(s):				
1		2				
3		4				
of forty cents (\$.30 This approval shall	arther approves the annual du Industry Fund + \$.10 Contra be effective on the date of the ance with the bylaws and arti	act Administrative his application, an	Fund) per field er d thereafter until tl	nployee he amou	e per hour wor unt of said due	ked. s is
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