



Mechanical Contractors Association of Central Ohio
1550 Old Henderson Rd Columbus, Oh 43220 Suite 175
Tel: 614-459-0770
Fax: 614-457-0770
jtate@assnsoffice.com

2025 Application for Associate Member - Membership

We hereby apply for **ASSOCIATE MEMBER - MEMBERSHIP** in the **MECHANICAL CONTRACTORS ASSOCIATION OF CENTRAL OHIO, INC., (MCACO)** and enclose a check for dues for the 2025 membership year in the full amount of **\$750.00 (Seven-Hundred-Fifty Dollars)**

We agree to abide by the Constitution and By-Laws and understand that a Associate Member may serve on committees and participate in the activities of the Association but may not vote nor hold office.

This application is to be acted upon within forty-five days of its receipt by the Board of Directors. Should the application be rejected by the Board, refund of the advance payment of dues will be made.

Company Name _____

Address _____

Telephone _____

Fax _____

Contact Person _____

For Association announcements

E-Mail _____

All notifications go by email

Signature of Official Representative _____

Date _____

Print Name of Who Should be Receiving Mailings

Please enclose your check with this application payable to MCACO.
(Do not include with invoices owed for past events) Thank you for your support!

