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 Rockville, MD 20850
 800 556-3653
 Fax: 301 990-9690
 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 _____

- **Please enclose a check for minimum annual dues of \$960.00. This amount will be credited toward your first year's annual dues. Dues payments are calculated by multiplying .08 cents for each UA labor hour worked. Once the check is received and the application is processed, you will receive the necessary forms & instructions for reporting these dues.**
- **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.**

Local Association Approval

Local Association _____ Executive Director _____

Date _____