

The following firm hereby applies for Associate Membership in the
Drywall & Interior Systems Contractors Association, Inc. of New Jersey

Full Company Name _____ Date of Application _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Website Address _____ if you were referred, by whom? _____

Type of Firm: Manufacturer Distributor Service Organization (describe) _____

Products Sold: Drywall Materials, Equipment & Supplies
 Acoustical Materials, Equipment & Supplies
 Other (describe) _____

Number of years in business under present name: _____ Previous names of business and years of operation:

Principals and Titles: _____

Which of the above is designated official voting representative of company and individual responsible for compliance with
conditions of membership? _____

Names of other construction industry associations you belong to: _____

If applicable, names and dates of last three drywall or acoustical ceiling jobs supplied in New Jersey in the 12 months immediately prior to date of application for membership:

Name of Job	Location	Type of Job	Date of Job	Subcontractor
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

The undersigned does hereby represent that applicant firm is qualified for Associate Membership in the Drywall and Interior Systems Contractors Association, Inc. of New Jersey according to the eligibility requirements as set forth as follows:

*Associate Membership shall be available to any person or firm engaged in selling products or services to the interior/exterior wall, ceiling, or related systems industry. Such persons or firms shall be charged annual dues in such amounts as shall be determined by the Board of Directors and shall have such participatory privileges in membership meeting and activities as shall be approved by the Board, are eligible for Board membership pursuant to Article IV, Section 2, shall participate in General Membership and Board of Director elections.

And further agrees and consents to be governed and bound by the Constitution and By-Laws of the Association, a copy of which has been provided with the application for membership, and all policies and decisions of the Board of Directors subject to the limitations of the Constitution & By-Laws.

Signed: _____ Date _____
 Official Voting Representative of Firm

 Company Name

Notice of Consent: *Application for membership in DISCA constitutes consent for the association to communicate with you via phone, fax, e-mail or mail.*

Dues may be deducted as a business expense.

Enclosed with membership application, please remit dues payment

Annual Dues \$750.00

Please return application to: **DISCA**, 390 Amwell Road, Suite 402, Hillsborough, NJ 08844