

First Name: _____ Last Name: _____
 Company: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Mobile: _____
 Email: _____ Web: _____

PLEASE FILL IN AS APPLICABLE:

Referred By/Guest of: _____ Licenses or Certification #s: _____
 Degrees: _____ Credentials: _____

CHOOSE A MEMBERSHIP OPTION:

_____ **Members** are construction consultants who actively lead their organizations' efforts in construction related projects, are in good standing in the construction industry, are of good moral character and professional conduct.

_____ **Associate Members** are construction associates who actively support their organizations' efforts in construction related projects, are in good standing in the construction industry, are of good moral character and professional conduct

_____ **Student Members** are individuals who are actively enrolled in an unpaid construction related learning program, are in good standing in their field and are of good moral character and conduct

DESCRIBE HOW YOU LEAD OR SUPPORT YOUR ORGANIZATION'S CONSTRUCTION RELATED PROJECTS

PLEASE TELL US:

How did you hear about Westcon? _____
 Why are you interested in joining Westcon? _____
 What would you like to get out of Westcon membership? _____
 What committees are you interested in joining?

_____ Golf _____ Programs _____ Ethics _____ Membership _____ Communications
 _____ Symposium _____ Governance _____ Board Of Directors

DIRECTORY LISTINGS:

Choose up to "4" categories for your name and company to be listed on the WESTCON Website directory.

We welcome diverse members, so if you do not see your category listed, feel free to add your expertise to the list!

- Please email to info@westcon.org or attach a description of your services or expertise if you would like it included on the WESTCON website, subject to editing and determined by space.
- Please email to info@westcon.org or attach your firm overview, personal resume or CV if you would like it included on the WESTCON website, subject to editing and determined by space.
- Please email to info@westcon.org or attach your company logo if you would like it included on the WESTCON website.

Name: _____ Company: _____

- | | |
|--|---|
| <input type="checkbox"/> Accounting/Forensic | <input type="checkbox"/> Foundation & Drainage |
| <input type="checkbox"/> Architects | <input type="checkbox"/> General/Engineering Contractors |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Geotechnical Engineers |
| <input type="checkbox"/> Acoustic/Audio Visual | <input type="checkbox"/> Insurance/Risk Management |
| <input type="checkbox"/> Building Inspection | <input type="checkbox"/> Landscape Specialist |
| <input type="checkbox"/> Business Support | <input type="checkbox"/> Lath/Plastering/EIFS Specialists |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Materials Testing |
| <input type="checkbox"/> Codes: Health, Safety, Accessibility | <input type="checkbox"/> Mechanical/HVAC |
| <input type="checkbox"/> Contractor: _____(specify specialty) | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Concrete Specialists | <input type="checkbox"/> Painting & Coating Systems |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Design/Build Specialists | <input type="checkbox"/> Real Estate Appraisals & Evaluations |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Retrofit & Reconstruction |
| <input type="checkbox"/> Estimators/Quantity Surveyors | <input type="checkbox"/> Roofing Systems |
| <input type="checkbox"/> Expert Witness/Litigation Support | <input type="checkbox"/> Structural Engineering |
| <input type="checkbox"/> Fenestration: Windows, Doors, Skylights | <input type="checkbox"/> Tile, Marble, Stone, Masonry |
| <input type="checkbox"/> Fire Protection/Investigation | <input type="checkbox"/> Vendors & Suppliers |
| <input type="checkbox"/> Flashings/Sheet metal | <input type="checkbox"/> Waterproofing, Water Management |
| <input type="checkbox"/> Flooring & Coating Systems | <input type="checkbox"/> Wood Performance & Properties |
| <input type="checkbox"/> _____(please specify) | <input type="checkbox"/> _____(please specify) |

DUES:

Name: _____ Company: _____

Annual Dues:

- Membership and Associate Membership for one person \$295
- Membership and Associate Membership for multiple people working in the same firm:

Please attach a separate application for each additional member.

▸ Primary Member Name: \$295

▸ Additional Member Name: \$250

▸ Additional Member Name: \$250

▸ Additional Member Name: \$250

▸ Additional Member Name: \$250

Directory Advertising: \$150

(Included a ½ page black and white ad in the next directory, artwork submitted to info@westcon.org) _____

Total Dues Enclosed: _____

Note: Membership, Acceptance And Fees Subject To Final Review And Approval By Membership Committee/Board Of Directors

CONTACT INFORMATION:

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