

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 \_\_\_\_\_ Board Retreat

**DIRECTORY LISTINGS:**

Choose up to “4” categories for your name and company to be listed under, in the printed membership directory as well as the WESTCON Website directory.

- If you would like your company logo located in the directory and website, please check here and email your logo to [info@westcon.org](mailto:info@westcon.org).

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"/> Other: _____ (please specify)           | <input type="checkbox"/> Other: _____ (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](mailto:info@westcon.org))* \_\_\_\_\_

**Total Dues Enclosed:** \_\_\_\_\_

**\*\*Please email your application to [info@westcon.org](mailto:info@westcon.org), or mail with your dues to Westcon, 2235 Park Towne Circle, Floor 2, Sacramento, CA 95825. Please allow five (days) for application approval or follow-up.**

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

**CONTACT INFORMATION:**

WESTCON - Western Construction Consultants Association  
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Latest Update: 19July2018  
04May2018  
Sometime 2012  
December 2018