



Membership Application

600 City Parkway West, Suite 165
 Orange, CA 92868
 Phone: 657-223-0800 Fax: 657-223-0801

Please Select Membership Type _____ Contractor _____ Affiliate _____ ADR _____

Applicant Company _____

Primary Contact _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Contractor's License _____ Classification _____

Referred By (Name & Firm) _____

Contractor Membership Dues

- Tier 1 (Gross Annual Volume 0 -- \$500,000) \$550
- Tier 2 (Gross Annual Volume \$500,001 -- \$2,000,000) \$1650
- Tier 3 (Gross Annual Volume \$2,000,001 -- \$6,000,000) \$2750
- Tier 4 (Gross Annual Volume \$6,000,001 -- \$15,000,000) \$3850
- Tier 5 (Gross Annual Volume \$15,000,001 and over) \$4950

Affiliate Membership Dues

- Tier 1 (Gross Annual Volume 0-\$5,000,000) \$660
- Tier 2 (Gross Annual Volume \$5,000,001 and over) \$1100

ADR Membership Dues (Alternate Dispute Resolution)

- Tier 1 \$4950

The undersigned acknowledges and agrees that he/she has been authorized by the Applicant to submit this application on its behalf. All membership applications are subject to acceptance by the SCCA. In the event this application is accepted, Applicant agrees as follows: (a) Applicant agrees to comply with all bylaws, dues provisions, procedures, rules, including future amendments of the SCCA; (b) Applicant's Membership is subject to the provisions of the Articles of Incorporation, By-Laws, Code of Ethics, and Rules and Regulations, in force or hereafter adopted by the SCCA; (c) Should Applicant become delinquent in its membership for any reason, action will be taken in accordance with the provisions of the SCCA's Bya Laws; (d) Applicant agrees to pay any legal or collection fees incurred by SCCA for non payment of dues.

Print Name _____ Date _____

Signature _____ Company _____

Collective Bargaining Representation

Please complete this section ONLY IF Applicant authorizes SCCA to act as its Collective Bargaining Representative. In the event Applicant authorizes SCCA to act as its Collective Bargaining Representative, Applicant's initials below also confirm Applicant's agreement to comply with all provisions of applicable Collective Bargaining Agreements.

Bargaining Authority & Power of Attorney: The undersigned designates SCCA as its sole and exclusive representative for the purpose of negotiating and executing the collective bargaining agreements (master labor agreements) and representation in labor relations between the undersigned and the Union(s) noted below. This Power of Attorney shall continue in full force and effect unless and until the undersigned provides written notice of its revocation, via fax or certified mail (return receipt requested), to the Director of Labor Relations simultaneously therewith to the appropriate Union(s). It is understood that a copy of this Power of Attorney may be provided to the Union(s) initialed below.

11 Counties

San Diego

- _____ Cement Masons
- _____ International Union of Operating Engineers
Local No. 12
- _____ Southern California District Council
of Laborers
- _____ Teamsters Joint Council No. 42 & Teamsters
Local Union No. 87

- _____ Cement Masons
- _____ International Union of Operating Engineers
Local No. 12
- _____ Laborers Local Union No. 89
- _____ Teamsters Local Union No. 36

12 Counties

- _____ Concrete Pumpers
- _____ District Council of Ironworkers of the State of California Vicinity
- _____ Gunitite/Shotcrete Commercial Agreement
- _____ Horizontal Directional Drilling Agreement
- _____ Hydro-Vac Agreement
- _____ Master Inspection Field Soil and Material Testing
- _____ Master Landscape Agreement
- _____ Parking and Highway Improvement Agreement (Striping, Slurry, and Seal Coat Operations)
- _____ United Brotherhood of Carpenters and Joiners of America

Print Name _____ Date _____

Signature _____ Company _____