

Professional Construction Estimators

Association of America

Chapter #3 Triangle Area

PO Box 18701

Raleigh, NC 27619



APPLICATION FOR MEMBERSHIP

Name			
Employer		Title	
Nature of Business			
Primary Duties			
Education			
Work Experience			
Business Address			
Business Phone		Fax No.	
Billing Address			
E-Mail Address			
Circle Committees of Interest	Training	Education	Socials Special Events
Applicant Signature		Date	

For this application to be considered, Sponsor must personally Sign, and present or mail application to Membership Committee. SIGNATURES ONLY. DO NOT TYPE OR PRINT. SPONSOR AND REFERENCES MUST BE MEMBERS IN GOOD STANDING.

SPONSORED BY: _____
REFERENCE : _____
REFERENCE : _____

INITIATION FEE \$150.00
TO BE SUBMITTED WITH APPLICATION Make check payable to "PCEA Triangle Chapter 3"
Tiered Dues Schedule
\$420 for first member, \$395 for second member, \$370 for third member, \$345 for four or more members. Dues are billed annually in May

FOR MEMBERSHIP COMMITTEE

ACCEPTED AS MEMBER _____ YES NO DATE: _____
CLASSIFICATION CODE: _____