NASCLA Membership Application/Renewal Form

Name: ____________________________________________
Title: ______________________________________________
Agency/Company: ______________________________________
Mailing Address: ______________________________________
City/State/Zip Code: ______________________________________
Phone: ______________________________________________
Fax: ________________________________________________
Email: _______________________________________________

Membership Information
Please read the Membership Classifications below. Check the box that best describes your membership classification. If you have any questions, please do not hesitate to contact the NASCLA Office toll free at (866) 948-3363.

☐ Associate Member ($62.50 for the First Year! $125 Annually) – Limited to contractor trade associations, non-profit and regional (county, city or municipality) contractor licensing agencies

☐ Affiliate Member ($25 for the First Year! $50 Annually) – Limited to former employees of state contractor licensing agencies and board members of such agencies who are not actively engaged in the contracting business.

☐ Business Member ($375 for the First Year! $750 Annually) – Limited to firms whose business is related to the construction industry. These members shall not use the name of the association and its logo or in any manner refer to NASCLA in their advertising, selling or soliciting.

☐ International Member (Complimentary for the First Year! $475 Annually) – Limited to regulatory agencies from other nations, countries or states other than the fifty (50) United States of America and its territories.

☐ State Member (Complimentary to New States for the First Year! $475 Annually) – Limited to states that have enacted laws to regulate the business of contracting.

Payment Method
☐ Check Enclosed ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

*NASCLA Membership Dues are not used for entertainment purposes; they go directly towards our association mission, purpose and strategic plan.

Card Number: ___________________________ Exp Date: ______/____ Card CVV: ____________
Name of Card: ____________________________
Signature: __________________________________

Return this Membership Form with your Credit Card Information or a Check made Payable to:
NASCLA | 23309 North 17th Drive, Suite 110, Phoenix, AZ 85027 | Phone: (623) 587-9354 | Fax: (623) 587-9625
www.nascla.org