

Member ID: \_\_\_\_\_

(For official use only)

**Important notes:**

Please complete all sections of this form and return to:

**Drywall & Interior Systems Contractors Association**  
750 US Highway 202, Suite 200, Bridgewater, NJ 08807

If you require any assistance or advice when completing this form please call the office at **(908) 359 1184** or email **info@disca.org**



**ASSOCIATE MEMBERSHIP APPLICATION**

DISCA Federal Tax ID: 22-1989461

The following firm hereby applies for Associate Membership in the Drywall & Interior Systems Contractors Association, Inc. of New Jersey

**Section A – Organization Details**

(Please complete all fields. Organization's name should be entered as you wish it to appear on all DISCA official documents)

Organization Name: \_\_\_\_\_

Acronym: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Referred by \_\_\_\_\_

▪ Do Not Publish Info on DISCA eDirectory

**PRIMARY BUSINESS ADDRESS**

**BILLING ADDRESS**

Department: \_\_\_\_\_

▪ Same as Primary Business Address

Address Lines: \_\_\_\_\_

Address Lines: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Firm

Manufacturer      Distributor      Service Organization (Describe) \_\_\_\_\_

Products Sold:

- Drywall Materials, Equipment & Supplies
- Acoustical Materials, Equipment & Supplies
- Other (describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of years in business under present name: \_\_\_\_\_

Previous names of business and years of operation:

\_\_\_\_\_

Principals and Titles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of the above is designated official voting representative of company and individual responsible for compliance with conditions of membership?

\_\_\_\_\_

Names of other construction industry associations you belong to:

\_\_\_\_\_

How did you hear about DISCA?

\_\_\_\_\_

Do you currently conduct business with any DISCA contractor members?

- No
- Yes, please list the names and dates of last three drywall or acoustical ceiling jobs performed in New Jersey in the 12 months immediately prior to date of application for membership:

Name of Job	Location	Type of Job	Date of Job	Subcontractor:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Section B – Primary Individual Member Details

(Please complete all fields. Primary's name should be entered as you wish it to appear on all DISCA official documents)

First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Last Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address (If different from Organization):

\_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone (If different from Organization): \_\_\_\_\_ Mobile: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_

## Section C – Declarations

The undersigned does hereby represent that applicant firm is qualified for Associate Membership in the Drywall and Interior Systems Contractors Association, Inc. of New Jersey according to the eligibility requirements as set forth as follows:

\*Associate Membership shall be available to any person or firm engaged in selling products or services to the interior/exterior wall, ceiling, or related systems industry. Such persons or firms shall be charged annual dues in such amounts as shall be determined by the Board of Directors and shall have such participatory privileges in membership meeting and activities as shall be approved by the Board, are eligible for Board membership pursuant to Article IV, Section 2, shall participate in General Membership and Board of Director elections.

And further agrees and consents to be governed and bound by the Constitution and By-Laws of the Association, a copy of which has been provided with the application for membership, and all policies and decisions of the Board of Directors subject to the limitations of the Constitution & By-Laws.

**Notice of Consent:** *Application for membership in DISCA constitutes consent for the association to communicate with you via phone, fax, e-mail or mail.*

\_\_\_\_\_  
Signature (Official Voting Representative of Firm)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name

## Section D – Membership Fees

(Dues may be deducted as a business expense)

- **Add Annual Dues** (payable by all new and reinstating members)
- **Add Association of the Wall and Ceiling Industry (AWCI) Membership**

<b>\$1,000</b>
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<b>\$350</b>
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## Section E – Methods of Payment

(Enclosed with membership application, please remit dues payment)

- **Check payable to ‘Drywall & Interior Systems Contractors Association’**  
Please return application and payment to: 750 US Highway 202, Suite 200, Bridgewater, NJ 08807
- **Credit/debit card. Please debit my account with the total cost of dues**

### Credit Card Information

Card Type: \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expiration Date (mm/yy): \_\_\_\_ / \_\_\_\_

Is this a corporate card? \_\_\_\_\_

Cardholder's name and address if different from those at the beginning on this application							
Full Name:	_____						
Street Address:							
_____							
City	_____			State:	_____	Zip:	_____

I \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above \_\_\_\_\_ for dues payment.

\_\_\_\_\_  
**Cardholder's signature**

\_\_\_\_\_  
**Date**

Please fax the completed form if paying by credit/debit card to (908) 359 7619 or send with your check to DISCA, 750 US Highway 202, Suite 200, Bridgewater, NJ 08807. In the interests of data security we do not recommend you send credit or debit card details by email.

## Payment Receipt

- Please check here if you would like the office to email you a payment receipt. Payment receipts are not issued unless you specifically request one.

## Membership card and Welcome Package

Your membership card and welcome package will be email to the primary member once the membership has been approved by DISCA board of directors and payment has been processed.