

Please Print

**2012 SNARSCA
New Membership Application**

SNARSCA
New Members Sponsor

Name _____

Title _____

Business _____

Business Address _____

City State Zip _____

Work Telephone _____

Work Fax _____

Your E-mail _____

Nevada State Contractor's License # _____

Contact Me About the SNARSCA Referral Program YES NO

Add These Employees Names To SNARSCA Meeting Notice List (on back) _____



**Contractor Annual Dues \$600
Associate Annual Dues \$600**



Please make your check payable to SNARSCA.
Put a note on your check this is a payment for dues. Mail to:
SNARSCA, P.O. Box 26116 Las Vegas NV 89126-0116
Telephone • (702) 985-6710 ← call for fax number

Signature _____

Date _____

Please note: All new membership applications are considered pending until approved by the SNARSCA board of directors. The Board meets on the second Tuesday of each month.

By providing the fax number and e-mail address above, you hereby consent for the company to receive faxes and e-mails sent by or on behalf of SNARSCA.

SNARSCA is an equal opportunity association. SNARSCA does not discriminate against its members or potential members based on race, religion, and creed, sex, age, or family status. All eligible contractor members must hold a valid C-21 contractors license issued by the State of Nevada Contractors Board.

SNARSCA dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. Membership is prorated from the date of acceptance by the board of directors at \$50 per month.

The SNARSCA employer identification number (EIN) is 88-0167695.

Please Print

Please Print



Please Add Names

SNARSCA Fax Or Email Meeting Notification List



Name	<input type="checkbox"/> Fax List <input type="checkbox"/> Email List _____ <input type="checkbox"/> Both email and fax list
Name	<input type="checkbox"/> Fax List <input type="checkbox"/> Email List _____ <input type="checkbox"/> Both email and fax list
Name	<input type="checkbox"/> Fax List <input type="checkbox"/> Email List _____ <input type="checkbox"/> Both email and fax list
Name	<input type="checkbox"/> Fax List <input type="checkbox"/> Email List _____ <input type="checkbox"/> Both email and fax list
Name	<input type="checkbox"/> Fax List <input type="checkbox"/> Email List _____ <input type="checkbox"/> Both email and fax list

SNARSCA Refund Policy

As a member in good standing, you may cancel your SNARSCA membership at any time. To members and non-members your Chilly Willy Golf Tournament fees, your Holiday Party fees, raffle tickets at these events, charged luncheon and dinner fees may only be redeemed if SNARSCA is notified before the event is held.

Your notice of your membership or event or product cancellation must be in writing and delivered or mailed to SNARSCA, P.O. Box 26116, Las Vegas, Nevada 89126.

You may also email your intent to cancel to the SNARSCA treasurer Ed Bless at ed@carlsair.com.

SNARSCA's Board of Directors at a regularly scheduled meeting will calculate the refund due to you. Refunds will be mailed within 30 days after SNARSCA reviews the request and has received the written cancellation notice. If a refund is due, funds are returned to the original remitter.

Approved September 12, 2006
Regular Board Meeting
SNARSCA Board of Directors

SNARSCA, P.O. Box 26116 Las Vegas NV 89126-0116
Telephone • (702) 985-6710 • Fax ← call for fax number
www.snarsca.com