



Greater Salem Contractors Association

Post Office Box 616

Salem, New Hampshire 03079-0616

Membership Application

I (we) hereby make application for membership in the Greater Salem Contractors Association for:

Your Name _____ Business Name _____

Home Address _____ Business Address _____

Home City/State/Zip _____ Business City/State/Zip _____

Home Tel _____ Fax _____ Business Tel _____ Fax _____

Email Address _____

Website _____

Description of Business _____

Date of Establishment _____

How did you hear about GSCA _____

Approximately _____% of my business is in the Greater Salem area.

Dated _____ Signed _____

Association use only

Membership Committee Recommendations _____

Dated _____

Board of Directors Action _____

Dated _____

Enclosed check # _____ for \$ _____