



## Association of Master Painters and Decorators Of New York, Inc.

370 Seventh Avenue, Suite 418  
New York, NY 10001

### MEMBERSHIP APPLICATION

I wish to apply for membership in the Association of Master Painters & Decorators of New York, Inc.

Full Name of Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Firm's principal business \_\_\_\_\_ Date established \_\_\_\_\_

Check One:      CORPORATION,              PARTNERSHIP,              SOLE  
PROPRIETORSHIP

If a Partnership, list below the names of all partners. If a Corporation, list the names of all officers and principal stockholders (*PLEASE PRINT*):

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

List your 3 most recent jobs:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Initiation Fee: \_\_\_\_\_, Quarterly Dues: \_\_\_\_\_, Check enclosed  
\$ \_\_\_\_\_

MEMBERSHIP APPLICATION

2.

Upon approval of this application by the Association, I acknowledge on behalf of the Employer listed above that it is bound to and will comply with all the terms of the Constitution and By-Laws of the Association and the Trade Agreement negotiated between the Association and District Council #9, I.U.P.A.T. I further agree that if the Employer listed above is expelled or resigns from the Association for any reason during the term of the Trade Agreement, the Employer will, without further negotiation, cease being bound to the Association's Trade Agreement and will instead be bound to the District Council #9's Independent Trade Agreement.

Name/ Title: \_\_\_\_\_  
*(PLEASE PRINT)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_