

Associate Member Application

Company Name: _____

Contact Name: _____

First Name: _____ Last Name: _____

Title: _____

Additional Contact: _____

First Name: _____ Last Name: _____

Title: _____

Address: _____

City / State _____ Zip + 4 _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

My company is not interested in joining for year 2011 _____

2011 Annual Dues = \$1,200.00

Please return this application with your check made payable to "Massachusetts Coalition of Taft-Hartley Trust Funds." Send payment and a copy of this application to:

Massachusetts Coalition of Taft-Hartley Trust Funds
c/o Gina M. Alongi
P.O. Box 680
Medway, MA 02053-0680

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