



PACNY

PROFESSIONAL ABATEMENT CONTRACTORS OF NEW YORK, INC.

*"DEDICATED TO MAINTAINING THE HIGHEST STANDARDS AND REPUTATION
IN THE ENVIRONMENTAL REMEDIATION INDUSTRY"*

ASSOCIATE MEMBERSHIP APPLICATION

IMPORTANT: All information requested shall be held strictly confidential and shall be used for the sole purpose of determining the qualifications of a prospective member.

COMPANY NAME _____

ADDRESS _____

TELEPHONE NO. (____) _____ FAX NO. (____) _____ EMAIL _____

FEDERAL ID NO. _____ CONTRACTOR'S LICENSE NO. _____

Please check one: PARTNERSHIP _____ CORPORATION _____ INDIVIDUALLY OWNED _____

PRESIDENT _____ VICE PRESIDENT _____

SECRETARY _____ TREASURER _____

PACNY REPRESENTATIVE _____ TITLE _____

DOES YOUR FIRM HAVE A PARENT COMPANY? _____

IF SO, ADDRESS OF PARENT COMPANY _____

DOES YOUR FIRM HAVE BRANCH OFFICES? _____ NUMBER _____

LOCATION(S) & PHONE(S) _____

HAS YOUR FIRM, PRINCIPALS OR TOP MANAGEMENT OPERATED UNDER DIFFERENT NAME(S) WITHIN THE

LAST 5 YEARS? _____ IF SO, UNDER WHAT NAME(S)? _____

IN WHICH STATES DOES YOUR COMPANY DO BUSINESS? _____

ASSOCIATE YEARLY MEMBERSHIP FEE: \$750.00

APPLICANT'S COMMENTS _____

PLEASE GIVE A LIST OF AGENDA ITEMS THAT YOU WOULD LIKE TO SEE PACNY ADDRESS.

SIGNATURE: BY SIGNING THIS APPLICATION, THE APPLICANT DOES HEREBY AGREE TO ABIDE BY PACNY BYLAWS AND ANY OTHER RULES AND REGULATIONS ADOPTED THERETO.

_____ BEING DULY SWORN DEPOSES AND SAYS THAT THE
(Print Name)
INFORMATION PROVIDED HEREIN IS TRUE AND SUFFICIENTLY COMPLETE SO AS NOT TO BE MISLEADING.

APPLICANT'S SIGNATURE _____ DATE _____

Please make your check payable to: **PACNY**

Mail your application with check to:

Shirley M. Ward, PACNY Administrator
c/o Ardsley Consulting Services, Inc.
Post Office Box 566
Dewitt, NY 13214-0566
Tel: (315) 682-2045 Fax: (315) 682-1826

OFFICIAL USE ONLY

(Company Name) HAS BEEN ACCEPTED _____ DATE _____
REJECTED _____

CONTACT _____

EXPLANATION/COMMENTS _____

MEMBERSHIP COMMITTEE VOTING RESULTS YES _____ NO _____

BOARD OF DIRECTORS APPROVED FOR MEMBERSHIP YES _____ NO _____

(Signature) (Date) (Witness) (Date)