

# Pennsylvania LICA Membership Application

## (Please fill out entire application)

Company Name \_\_\_\_\_

Member Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ COUNTY: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Membership: \_\_\_\_\_ WHO SPONSORED YOU: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

### Contractor (Type of Business-check ALL that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> CR Crane Service  | <input type="checkbox"/> ODW Open Ditch Work         |
| <input type="checkbox"/> DI Drainage/Irrigation  | <input type="checkbox"/> OSW On Site Waste Treatment |
| <input type="checkbox"/> EC Erosion Control  | <input type="checkbox"/> PA Paving                   |
| <input type="checkbox"/> EMC Earthmoving/Land Cleaning   | <input type="checkbox"/> PD Ponds or Dams            |
| <input type="checkbox"/> EXG Excavating/Grading  | <input type="checkbox"/> R Reclamation               |
| <input type="checkbox"/> HD Hard-Scaping   | <input type="checkbox"/> SEP Septic Systems          |
| <input type="checkbox"/> LL Land Leveling  | <input type="checkbox"/> TH Trucking or Hauling      |
| <input type="checkbox"/> LS Landscaping  | <input type="checkbox"/> TW Terraces or Waterways    |
| <input type="checkbox"/> SA Dealer, Service Co., Government Agency, Consultant, Insurance Agency |  |

### Application is for (Check One)

- |   |                  |
|---|------------------|
| <input type="checkbox"/> Active Contractor Member (Annual Dues).....                        | <b>\$ 350.00</b> |
| <i>Active Land Improvement Contractor – fiscal year is November1 thru October 31st.</i>     |                  |
| <input type="checkbox"/> Company Associate Member (Annual Dues).....                        | <b>\$ 250.00</b> |
| <i>(Person or companies selling materials, equipment or services to contractor members)</i> |                  |
| <input type="checkbox"/> Supporting Member (Annual Dues).....                               | <b>\$ 50.00</b>  |
| <i>Person(s) or associations interested in PALICA (with no vote)</i>                        |                  |

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

**Mail checks--made payable to:** PA LICA  
 775 Mercer Road  
 Greenville, PA 16125  
 ATTN: Joanie Micsky