



# NORTHERN CALIFORNIA GLASS MANAGEMENT ASSOCIATION

55 Oak Court, Suite 100, Danville, CA 94526  
Phone (510) 428-1184  
ncgma.org

## ACTIVE MEMBERSHIP APPLICATION

The undersigned hereby applies for Active Membership in the Northern California Glass Management Association, (NCGMA) an affiliate of the Finishing Contractors Association (FCA).

Full Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Year Firm Was Organized: \_\_\_\_\_ Check One: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation \_\_\_\_\_ LLC

Principal(s) and Titles: \_\_\_\_\_

Name of Designated NCGMA Representative \_\_\_\_\_

State License # \_\_\_\_\_ Federal ID # \_\_\_\_\_

Type of Work: \_\_\_\_\_ % Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Other

Average number of Glaziers: \_\_\_\_\_ Office Employees: \_\_\_\_\_

OPTIONAL: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Upon acceptance, the Company agrees to abide by the Bylaws of the Northern California Glass Management ("Association"), a copy of which has been provided to the Company, and any amendments adopted during the Company's membership. I will also pay all dues and special assessments fixed by the Association and will conform to the Association's Policies and Rules now in force or that the Association may hereafter adopt.

## COLLECTIVE BARGAINING AUTHORIZATION

The Company hereby authorizes the Association, and its duly selected representatives, to represent the Company in collective bargaining negotiations with the District Council 16, or a successor organization ("Union") and to enter into labor agreements with the Union on behalf of the Company for the Northern California Glaziers Master Agreement. This authorization shall remain in effect until such time as the Company sends a written revocation of authorization to the Association and the Union, and such revocation is received within the time period prescribed by law.

Signature of Principal or Designated Representative \_\_\_\_\_

Date \_\_\_\_\_

### ASSOCIATION USE ONLY:

Board Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

President: \_\_\_\_\_