

COUNCIL OF INDUSTRIES
P.O. BOX 70088
POINT RICHMOND, CA 94807

APPLICATION FOR MEMBERSHIP

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

DESCRIPTION OF FIRM'S BUSINESS: (Annual report, company brochures, etc. may be attached).

NAMES, TITLES, EMAIL ADDRESSES OF COMPANY REPRESENTATIVES: (Monthly agendas will be e-mailed to names listed).

NUMBER OF EMPLOYEES IN CONTRA COSTA COUNTY: _____

ASSESSED VALUATION FOR MOST RECENT TAX YEAR: _____

NAME: _____

TITLE: _____

DATE: _____