



Cleaning Equipment Trade Association

11450 US Hwy.380
Suite 130 #289
Cross Roads, TX 76227
Phone: (800) 441-0111 ■ Fax: (704) 635-7363

MEMBER APPLICATION - ASSOCIATE

Contact Name: _____ Title: _____

Name of Company: _____

Mailing Address: _____

Physical Address: _____

City: _____ State _____ Zip Code _____

E-Mail Address: _____ Web Site: _____

Phone: _____ FAX: _____

CETA Associate Membership

Annual Membership Investment: 1 Payment \$295

Am-Express / Visa / MasterCard

Card # _____ Exp. _____ CVC# _____

Authorized Signature _____

NOTE: Please make all checks payable to CETA. The membership year runs from Jan 1st to Dec 31st.

Authorized signature: _____ Date: _____

Referred By: _____ Company Name: _____

Associate Group: Any Individual, Partnership or Corporation who is engaged in the Contract Cleaners, Rental Equipment and/or Service providers to the Pressure Washer industry shall be eligible for membership in the Associate Group. **A Group Spokesperson will be appointed by directors for any functions desired or needed by that group until said membership reaches 25% of total membership at which time Associate Group will be eligible for representation on Board of Directors and voting rights.** By submitting this application I agree to follow the policies of CETA. The rights and privileges of CETA membership are exclusive to members in good standing. Such actions would include, but not limited to, displaying the CETA membership certificate, use of the CETA logo in advertising materials, web site or catalogs, and use of membership benefits.

FOR OFFICE USE ONLY:

Date _____ Payment Processed _____ Contact in CC _____
User ID & PW _____ Member on Website _____ Cleaner Times _____