SIERRA PLAN ROOM MEMBERSHIP APPLICATION

(PLEASE PRINT)

HOW DID YOU HEAR ABOUT THE SIERRA PLAN ROOM?	
NAME OF PERSON APPLYING:	_
TYPE OF BUSINESS (Trade):	LIC.#
BUSINESS NAME:	
ADDRESS:	
CITY STATE ZIP	_
PHONE () FAX ()
E-MAILWEBSITE	
TYPE OF CONSTRUCTION (CHECK ALL THAT) ()RESID REMODELS ()COMMERCIAL (()GOVT/PUBLIC PROJECTS ()MULTI-FAMILY (()TRACTS ()OTHER	APPLY))CUSTOM HOMES) SERVICE CALLS
THE UNDERSIGNED IS PAYING THE FOLLOWING FEE:	
6 MONTHS OF SERVICE \$395.00 1 YEAR OF SERVICE \$595.00 2 YEARS OF SERVICE \$1,050.00	
NOTE: Membership & Advertising Paid in Advance. No Refunds. to change without notice. MEMBERSHIP AND ADVERTISING AU BEFORE DUE DATE, IN WRITING.	
DATE: YOUR NAME:	(DDINT)
	(PRINT)
SIGNATURE: X	
RETURN TO: SIERRA PLAN ROOM; 9348 Villa 7 (702) 871-1077	Гuscany Ave; LAS VEGAS, NV 89129 FAX (702) 871-8220