Wall and Ceiling Industry Advancement Fund

1605 Fairview Ave, St. Louis, MO 63132

(314) 427-1114

Plastering Contractor – Monthly Contribution Form

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Contact: _____

Phone: _____ Email: _____

For Work Performed During the Month: _____

Hours worked: _____ Amount Due (Hours worked x $0.20/hour): _____

Check to be made payable to Wall and Ceiling Industry Advancement Fund and mailed to 1605 Fairview Ave, St. Louis, MO 63132.

_____

Certifying Signature