



Non-Member Subscription Agreement for the MCAA *WebLEM*

Terms and Conditions

These are the terms and conditions under which the company, whose information appears in the form below ("Your Company"), is subscribing to the *WebLEM* offered by the Mechanical Contractors Association of America, Inc. ("MCAA"), located at 1385 Piccard Drive Rockville, MD 20850. Please read these terms and conditions carefully before submitting this form to MCAA. By completing and submitting this form, Your Company agrees to be bound by these terms and conditions as a prerequisite to *WebLEM* subscription.

Your Company also agrees to pay an annual maintenance fee. This fee will be due and payable in the year *following* the initial subscription to the *WebLEM* and will be invoiced each year thereafter.

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This subscription form must be submitted and agreed to by the Owner, Partner, or if a Corporation, by an Officer of Your Company.

Please submit your completed subscription agreement to:

Mechanical Contractors Association of America, Inc.

1385 Piccard Drive • Rockville, MD 20850

Phone: 301-990-2200 • Fax: 301-990-9690

E-mail: publications@mcaa.org



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Please submit this form for your company's WebLEM subscription

| | | | | |
|---|-------------------------------|-----------------------------|-------------------------------|-----------------------------------|
| Access Fee | \$7,500.00 | | | |
| Payment Information <i>(skip this section if your order was placed via MCAA's online store)</i> | <input type="checkbox"/> Visa | <input type="checkbox"/> MC | <input type="checkbox"/> AmEx | <input type="checkbox"/> Discover |
| | Card Number | | Exp. Date | |
| | Cardholder | | Signature | |
| Maryland companies, please add 6% sales tax. | | | | |

Your Company Information

| | | |
|---|---------------|-----------------|
| Your Name: | | |
| Your Title: | | |
| <input type="checkbox"/> <i>I certify that I am an owner, partner, or if a corporation, an officer of my company.</i> | | |
| Company: | | |
| Address: | | |
| City: | | |
| State: | Zip: | Country: |
| Phone: | Email: | |

Person to Receive User ID and Password to Access WebLEM

| | | |
|---|----------------|-----------------|
| <input type="checkbox"/> <i>Same as above</i> <input type="checkbox"/> <i>Person listed below</i> | | |
| Name: | | |
| Title: | | |
| Company | | |
| Address: | | |
| City: | | |
| State: | Zip: | Country: |
| Phone: | E-mail: | |

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