



International Window Cleaning Association

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IWCA Committee Membership Application

Committee Applying for: **I 14 Window Cleaning Safety**

Name: _____ Title: _____

Company: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Grade Level Education: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4
(Circle highest grades completed)

List Degrees Held: _____ Other Certifications Held: _____

IWCA Member

Membership in other organizations: None Listed below

Experience and Qualifications (use attachment if necessary):

What you hope to contribute: (use attachment if necessary) _____

SIGNATURE

DATE

Below For Committee Use Only

Interest Category: User Producer General Interest

The mission of the IWCA is to educate and assist its members in developing professionalism, ethics and standards of safety; to actively represent the concerns and interests of window cleaning companies to international, national, state and local regulatory agencies; to promote the welfare of the industry through advocacy, education, training and community involvement; and to be recognized as the premier association for the window cleaning industry.