MCAA MSCA PCA

Local Association Name Local ID #

Month(s) Covered Page of

| | | CONSTRUCTION | | | SERVICE | | | TOTAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MCAA Member ID # | Contractor's Name | Construction Hours Worked This Period | | Construction Dues **(A)** | Service Hours Worked This Period | | Service Dues **(B)** | **A+B** Dues Payable This Report | Credit Balance | Adjusted Credit Balance | Balance Due |
| | | | X .09= | | | X .09= | | | | | |
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| | | | X .09= | | | X .09= | | | | | |
| | | | | | | | | | | Subtotal Balance Due | |

**PLEASE RETURN A COPY OF THIS REPORT FORM WITH YOUR PAYMENT**

Form C