



APPRENTICE SPONSOR INFORMATION

This form initiates the process for sponsoring an apprentice in the *MACCA* apprenticeship program. If the employee is applying for the first year of the program, this begins the registration process. If the employee is registering for the second or third year, this will be the basis for enrollment records.

The current apprentice enrollment fee is \$650 per year for all apprentices that are employees of *MACCA* member companies. A check for \$650 **payable to *MACCA Apprenticeship***, for **each** sponsored employee should be forwarded to the *MACCA* Administrative office, listed below.

For sponsors who are not members of *MACCA*, the enrollment fee is \$750 per year per apprentice. The cost of *MACCA* membership is currently \$290 per year for companies with 1-3 employees, \$390 per year for companies with 4-9 employees, and \$490 per year for companies with 10+ employees. All contractor member levels include membership in the State association, *FRACCA*. If you are not currently a member of *MACCA* but would like to join, please contact the *MACCA* Administrative office for details on how to join and how to register your apprentices.

*Note: This portion of the form is to be utilized **only** for the employer's **written** approval for the following new candidate(s) to be considered for transfer into the second year of the program, subject to **complete compliance** with the program's "policies and procedures for class transfers". A copy of this document is available upon a request to the Apprenticeship Committee.*

<i>(candidate's name, please print!)</i>	<i>(candidate's name, please print!)</i>
<i>(signature of firm's principal approving such transfers)</i>	<i>title</i>
<i>(firm name, please print!)</i>	<i>(date)</i>

Employee <i>(please print!)</i>	Program Year

Total amount of Fees \$_____ Please include check with application or an invoice will be emailed for payment via credit card

Employer (Firm Name): _____

Employer Contact – print name _____

Address: _____

City, St, Zip: _____ Phone: (____) ____ - ____

Signed By: _____ Title: _____

Email: _____

Attach a copy of the application form(s) for **each** apprentice-sponsored candidate.

Mail this sponsor form **and** application(s) together with the required fees
made payable to MACCA

MACCA Mailing Address ~ 1244 Mohawk Road ~ Venice, FL 34293
Phone: 941-404-3407 Fax: 941-218-6673 Info@macca.us