

# Membership Application Form

***We have read and do subscribe to the Code of Ethics and hereby apply for membership in the Associated Builders and Contractors, Inc.***

***We enclose \$ \_\_\_\_\_ in payment of our investment in ABC. (Your annual investment includes National, State, and Chapter dues, publications and legal defense funds.)***

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*Company Name*

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*Mailing Address*

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*City*

*State*

*Zip*

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*Contact Person*

*Title*

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*Phone*

*Fax*

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*e-mail*

*Web Address*

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*Training Programs Contact*

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*Safety Director Contact*

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*Type of Work, Product, or Service*

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*Signature*

*Date*

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*Title*

## References:

(Architect-Owner-ABC Contractor for whom you have worked during the past 12 months.)

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Name

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Company

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### ABC Member Sponsor

Is your firm certified as a: (√ if yes)

MBE\_\_\_\_\_ WBE\_\_\_\_\_

## Employee Data:

How many individuals do you employ in the following job categories?

### JOB CATEGORIES

	TOTAL	MINORITY	FEMALE
Management/ Professional	_____	_____	_____
Office/Clerical	_____	_____	_____
Supervision	_____	_____	_____
Craft Workers	_____	_____	_____
Grand Total	_____	_____	_____

**Note:** By giving ABC your address, fax number and/or email address, you are granting ABC the privilege of sending communications about products, events or services to your company unless you request not to be contacted by any or all of these means.

### Associated Builders and Contractors, Inc. Western Michigan Chapter

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Grand Rapids, MI 49546-2162  
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Fax: (616) 942-5901

**1-800-ABC-BUILD (1-800-222-2845)**

### Southwest Michigan Region Office

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Kalamazoo, MI 49048  
Tel: (269) 226-8811  
Fax: (269) 276-9068