



APPLICATION FOR MEMBERSHIP

The undersigned firm hereby applies for membership in the American Subcontractors Association Midwest Council (ASA). This is a company membership, not individual. The applicant is an active subcontractor and/or building industry supplier, or other business or services directly supporting contract construction work in the St. Louis/Southern Illinois area, and agrees to conform to the by-laws of ASA. General Contractors, Engineers, Architects, Construction Managers and Owner/Developers are NOT eligible for membership.

We understand that the dues are **\$795.00 per fiscal year** (July 1 – June 30) for both contractor and associate members. A check payable to ASA for \$795.00 in payment of dues for the current ASA fiscal year is attached. **Dues are payable in full the first year of membership, pro-rated by month the second year.** This membership automatically includes membership in ASA-National. (Dues payments are not deductible as a charitable contribution, but may be deductible as a business expense. The portion of your dues that is non-deductible due to legislative lobbying activities is \$232.00)

Company Name: _____

Primary Contact (Name & Title): _____

Alternate Contact (Name & Title): _____

Company Address: _____

City, State, Zip _____

Business Phone: (_____) _____ Fax: (_____) _____

E-Mail Address Primary: _____

E-Mail Address Alternate: _____ Web Page: _____

All meeting notices and announcements are emailed to primary and alternate contact. If you want to add additional people from your company, please list email addresses on separate sheet.

Subcontractor: _____
(Performs work or provides materials or supplies to perform work)

Associate Member: _____
(Service Provider)

Principal Trade: _____ (list up to two trades)

Sales Volume \$ _____ Number of Employees: _____
(Used only to determine the number of votes at awards gala time. Will be kept confidential.)

I may be interested in the following ASA committees: Technology _____ Awards Gala _____
Membership _____ Legislative _____ Contract Review _____ BPI _____ Safety _____
Programs _____ Golf _____ GC Expo _____ BBQ _____ Marketing _____

Is Applicant owned or controlled in whole or in part by a General Contractor, A/E Firm, Construction Manager, Construction Owner or by any individual(s) who are owners, officers or directors of same?

_____ Yes _____ No If Yes, please identify: _____

Signature: _____ (Print Name): _____

By signing this, I agree to receive faxes or emails from ASA regarding meetings, seminars, events, etc.

ASA Sponsor Name & Company: _____
(Did another ASA member tell you about ASA? If so, they get recognition at meetings)