



## 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 \$264.00)

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)