



South Texas Chapter



Associated Builders & Contractors South Texas Chapter MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name: _____ Phone: () _____

Address: _____ Fax: () _____

City/State/Zip: _____

Billing Address (if different): _____

Website: _____ Year Established: _____

Category (check one):

- General Contractor:** Any person, firm or corporation engaged in the construction industry as a general contractor or construction manager.
- Subcontractor:** Any person, firm or corporation providing labor to construction sites.
- Supplier:** Any person, firm or corporation furnishing material but not labor to construction sites.
- Industry Professional:** Any person, firm or corporation providing services to the construction industry but not furnishing labor and/or material to construction sites.

Annual Volume: _____ Products and Services: _____

Please list up to 5 CSI Codes found at www.abc.org/csicodes:

Business Certification (Please check all that apply):

- HUB WBE DIBE/VBE/VOSB MBE (AABE/HABE/NABE/ABE)

Company Profile (approx. 50 words or less) for Membership Directory:

Other ABC Chapter(s) You Belong To: _____

Member Sponsor (Company & Contact): _____

YOUR ABC REPRESENTATIVES

_____ Primary Contact	_____ Title	_____ Email
_____ Training & Education Contact	_____ Title	_____ Email
_____ Safety Contact	_____ Title	_____ Email
_____ Business Development & Marketing Contact	_____ Title	_____ Email
_____ Financial Contact	_____ Title	_____ Email
_____ HR Contact	_____ Title	_____ Email

PAYMENT INFORMATION

Dues Investment \$ _____ Company Check Visa American Express Mastercard

Name on Card _____

Card Number _____ CVV _____ Zip _____

Exp. Date _____ Authorized Signature _____

As a member of ABC, you will receive notices about member services, events, products and benefits which may be sent by email. Some contain solicitations about these services, products and events and you are consenting to the receipt of such emails, but may decline by calling or writing the Membership Director at the address/phone below. Your payment includes local, state and national dues. Dues are valid for 12 months upon approval of membership application.

Signature

Title

Date

Applications can be faxed to (210) 342-5385 or emailed to the Membership Director Dawn Coleman (dawn@abcsouthtexas.org).

Office Use Only:

Join Date: _____
Add to DB: _____
Notify Staff: _____
Logo: _____
Welcome Bag: _____
Plaque Pres.: _____
Sponsor Referral: _____