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Our Business Is Helping You Do Yours

Website: [www.actaz.net](http://www.actaz.net)

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**MEMBERSHIP AT-LARGE APPLICATION**  
**Subcontractor/Material Supplier**

I hereby apply for membership in the Alliance of Construction Trades, Inc. I agree to abide by and comply with all rules and regulations contained in the ACT association bylaws. My firm is actively engaged in subcontracting or in supplying materials and/or services to the construction industry.

I understand that the annual dues entitle my firm to membership in ACT and a subscription to the publication "**HARD HAT NEWS**". A portion of the ACT dues payments may be deductible to members as an ordinary and necessary business expense. The non-deductible portion is \$75.00 attributed to lobbying.

\_\_\_\_\_  
NAME TITLE DATE

Name of Firm: \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email : \_\_\_\_\_

Principle type of business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Name of Senior Officer or Local Manager \_\_\_\_\_

Name of Representative: \_\_\_\_\_ Alternate: \_\_\_\_\_

Name of Sponsor (if any) \_\_\_\_\_

**Dues Payment ..... \$150.00**

Enclosed is our check in the amount of \$ \_\_\_\_\_ or Charge my Visa or MasterCard in the amount of \$ \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**WORKMAN'S COMPENSATION INFORMATION**

IS YOUR WORKER'S COMPENSATION WITH THE STATE COMPENSATION FUND? ( ) YES ( ) NO

IF YES, POLICY # \_\_\_\_\_

DO YOU WISH TO ENROLL IN THE ACT BONUS DIVIDEND PROGRAM? ( ) YES ( ) NO

(PLEASE COMPLETE REVERSE SIDE)

This information is important and confidential! The association needs it in order to provide you better service and more effective representation in the construction industry. It will not be released on an individual company basis. We appreciate your membership. Thank you.

#1. FEDERAL I.D. NUMBER \_\_\_\_\_

REGISTRAR OF CONTRACTORS LIC # 'S \_\_\_\_\_

#2. WHAT IS YOUR COMPANY'S ANNUAL SALES VOLUME?

- \_\_\_\_\_ Less than \$500,000
- \_\_\_\_\_ \$500,000 - \$900,000
- \_\_\_\_\_ \$1 mil - \$2,999,999
- \_\_\_\_\_ \$3 mil - \$4,999,999
- \_\_\_\_\_ \$5 mil - \$7,999,999
- \_\_\_\_\_ \$8 mil - 9,999,999
- \_\_\_\_\_ \$10 mil or greater

#3. HOW MANY INDIVIDUALS DOES YOUR COMPANY EMPLOY ON THE AVERAGE?

- \_\_\_\_\_ Less than 10
- \_\_\_\_\_ 10 - 19
- \_\_\_\_\_ 20 - 39
- \_\_\_\_\_ 40 - 74
- \_\_\_\_\_ 75 - 99
- \_\_\_\_\_ 100 - 150
- \_\_\_\_\_ More than 150

#4. DO YOU BID ON FEDERAL AND/OR STATE CONSTRUCTION? \_\_\_\_\_ YES \_\_\_\_\_ NO

#5. DOES YOUR FIRM HOLD MEMBERSHIP IN OTHER ORGANIZATIONS? IF SO, PLEASE LIST.

#6. DO YOU HOLD, OR HAVE YOU EVER HELD AN OFFICER OR DIRECTORS POSITION WITH OTHER ASSOCIATIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, WHAT POSITIONS?

#7. ARE THERE MEMBERS OF THE U.S. CONGRESS, ARIZONA LEGISLATURE, OR LOCAL OFFICIALS WHOM YOU KNOW PERSONALLY? IF SO, PLEASE LIST THEM BELOW.

#8. PLEASE INDICATE IF YOU WOULD LIKE TO PARTICIPATE ON AN ACT COMMITTEE:

- \_\_\_\_\_ LEGISLATIVE          \_\_\_\_\_ MEMBERSHIP          \_\_\_\_\_ SAFETY
- \_\_\_\_\_ GOLF TOURNY          \_\_\_\_\_ AMBASSADOR'S CLUB