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MEMBERSHIP APPLICATION

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. 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 of Firm: _____

Street or P.O. Box _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

COMMUNICATIONS PERMISSION:

By providing fax # and email address, we agree to receive facsimiles/email communications from ACT regarding membership, meetings, seminars, special events and other ACT related information so we can take full advantage of the various programs and services offered by the Alliance of Construction Trades.

Signature _____ Date _____

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 OPTIONS:

Option # 1 - Payment in full.....\$495.00

Option # 2 - Semi-annual payments of \$275.00 each..... \$550.00

Option #3 - Monthly Dues \$50 per month (2 months required to join (\$100))..... \$600.00

(Need credit card on file for monthly payment which will be processed by the 5th of each month)

Enclosed is our check in the amount of \$ _____ for Plan Option # _____

Charge my Visa/MasterCard in the amount of \$ _____ for Plan Option # _____

Name _____ Card Number _____

Expiration Date _____ CVC _____ Signature _____

WORKMAN'S COMPENSATION INFORMATION

IS YOUR WORKER'S COMPENSATION WITH THE SCF OF ARIZONA ? () 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 LICENSE # '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 TOURNAMENT _____ AMBASSADOR'S CLUB