



**AMERICAN
SUBCONTRACTORS
ASSOCIATION**
of Central Pennsylvania

MEMBERSHIP APPLICATION

Company Name: _____

Primary Contact: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

Secondary Contact: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Address: _____

City/State/Zip: _____

Website: _____

State Senator (business location): _____

State Representative (business location): _____

Your Home City/Town: _____

DUES INVESTMENT (Membership Runs July 1st - June 30th)

May – Aug	\$1,150.00	Dec – Jan	\$625.00
Sep – Nov	\$900.00	Feb – Mar	\$475.00
		Apr	\$375.00

Our Check for \$_____ is enclosed

Please bill our Visa/MasterCard/AMEX/Discover (circle one)

Name on Card _____

Card Number _____

Expiration Date _____ Security Code: _____

Billing Address _____

Signature _____

Committees of Interest (check all that apply)

- Legislative Task Force Safety Task Force
 Education/Programming Expo Committee
 Membership/Marketing Task Force

Subcontractors: please check your primary trade(s):

- | | |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Acoustical Ceilings | <input type="checkbox"/> Lathing/Plastering |
| <input type="checkbox"/> Carpentry/Millwork | <input type="checkbox"/> Marble |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Controls | <input type="checkbox"/> Metal Windows |
| <input type="checkbox"/> Doors/Hardware | <input type="checkbox"/> Millwork |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Misc. Metals |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Environmental/Abatement | <input type="checkbox"/> Roofing/Flashing |
| <input type="checkbox"/> Excavation/Sitework | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Fire Protection/Sprinklers | <input type="checkbox"/> Steel Erection/Fabrication |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Glass & Glazing | <input type="checkbox"/> Terrazzo |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Waterproofing/Caulking |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other: _____ |

Please provide a brief description of what your company does (for our online Member Directory):

Where did you hear about us? _____

Please describe your company:

- | | |
|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Union | <input type="checkbox"/> Certified DBE |
| <input type="checkbox"/> Open Shop | <input type="checkbox"/> Certified MBE |
| | <input type="checkbox"/> Certified WBE |

Number of employees:

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 1-10 | <input type="checkbox"/> 51-75 |
| <input type="checkbox"/> 11-25 | <input type="checkbox"/> 76-100 |
| <input type="checkbox"/> 26-50 | <input type="checkbox"/> 100+ |

% Public Work _____ **% Private Work** _____

Year Company Founded _____

Annual volume/billing:

- Under \$1 Million
 \$1-3 Million
 \$3-10 Million
 Over \$10 Million

Project Size (range):

Geographic Work Area:

Associate Members: please describe the supplies/services that you provide to subcontractors:

Dues payments are not deductible as a charitable contribution, but may be deductible as a business expense. ASA estimates that approximately \$78.00 of your dues investment is not deductible due to ASA's lobbying activities on behalf of its members



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 Website: www.asacentralpa.com



A Charter Chapter of the American Subcontractors Association, Inc.

For office use only:

Dated rec'd: _____ Member #: _____

