



Membership Application

I hereby apply for membership in the Association of Subcontractors & Affiliates (ASA Chicago). I agree to abide by and comply with all rules and regulations contained in the association's bylaws. I understand that the annual dues payment entitles me to all the benefits and services provided by the association

- Regular Member** (subcontractor) Annual Dues = \$900
- Vendor Member** (supplier, manufacturer, etc.) Annual Dues = \$1000
- Professional Member** (legal, financial, etc.) Annual Dues = \$1100
- Sustaining Member** (organizations and their personnel) Annual Dues = \$1600
- Related Company Member** (owned 50% or more by a full member) Annual Dues = \$450

Name of Parent Company which is an ASA Chicago member: _____

Company Name: _____

Owner's Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Primary Contact Name/Title (list any professional designations): _____

Safety Contact: _____ Insurance Contact: _____

Marketing Contact: _____ Sales or Business Development Contact: _____

Other Company Contact 2: _____ E-mail: _____

Other Company Contact 3: _____ E-mail: _____

Other Company Contact 4: _____ E-mail: _____

Should other contacts receive: *E-mail announcements* 2 3 4

How did you hear about ASA Chicago? (list name and company who referred you)

Check primary specialty trade (please check one box only)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Banking/Financial | <input type="checkbox"/> Bonding | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Conveying Systems | <input type="checkbox"/> Demolition | <input type="checkbox"/> Doors/Windows | <input type="checkbox"/> Drywall/Plaster |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Environmental | <input type="checkbox"/> Excavating/Earth Moving | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Glass/Glazing | <input type="checkbox"/> Insulation | <input type="checkbox"/> Insurance | <input type="checkbox"/> Landscape | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Mechanical/HVAC | <input type="checkbox"/> Painting | <input type="checkbox"/> Paving | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Steel | <input type="checkbox"/> Waterproofing | |
| <input type="checkbox"/> Supplier of _____ | <input type="checkbox"/> Other (please describe) _____ | | | |

Average number of employees – office and field personnel (please check one box only)

- | | | |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 26 - 50 | <input type="checkbox"/> 151 - 200 |
| <input type="checkbox"/> 6 - 10 | <input type="checkbox"/> 51 - 100 | <input type="checkbox"/> 201 - 300 |
| <input type="checkbox"/> 11 - 25 | <input type="checkbox"/> 101 - 150 | <input type="checkbox"/> 300+ |

Average annual sales volume (please check one box only)

- | | |
|--|--|
| <input type="checkbox"/> Under \$ 1,000,000 | <input type="checkbox"/> \$5,000,000 - \$9,999,999 |
| <input type="checkbox"/> \$1,000,000 - \$4,999,999 | <input type="checkbox"/> \$10,000,000+ |

Company description check list (please check all that apply & indicate the certifying agency where applicable)

- Union Non-Union Family Owned SDVO _____ 8A _____
 MBE _____ WBE _____ DBE _____ SBE _____ SDVO _____
 Veteran Owned Business Service Disabled Business
 Other _____

If union, who are you signatory to? _____ Years in construction industry? _____

Primary work field (please rate by percentage – totals should add up to 100%)

_____ % Commercial _____ % Government _____ % Industrial
 _____ % Residential _____ % Institutional _____ % Other

Please indicate if your company...

- Bids on LEED Projects Has a LEED AP on Staff

Please provide the primary LEED AP contact information if applicable (include e-mail addresses):

Payment Information

- Visa Mastercard AMEX Check # _____

Credit Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Security Code: _____

Cardholder Signature: _____

Participating on an ASA Chicago committee is a great way to increase the value of your membership. Please indicate the committee(s) in which you would have interest (please check all that may apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Business Opportunity
<i>Jennifer Clements</i> | <input type="checkbox"/> Golf
<i>Bill Degnan</i>
<i>Thorne Associates</i> | <input type="checkbox"/> Membership
<i>Jill Gillette</i>
<i>Elgin Recycling</i> | <input type="checkbox"/> Safety/Insurance
<i>Nancy Bero</i>
<i>Oakwood Contractors</i> |
| <input type="checkbox"/> Construction Expo
<i>Jim Sokolowski</i>
<i>Twin Oaks Landscaping</i> | <input type="checkbox"/> Government Relations
<i>Brad Grove</i>
<i>Grove Masonry</i> | <input type="checkbox"/> Marketing
<i>Dan Barton</i>
<i>Royal Crane</i> | <input type="checkbox"/> Social
<i>Shari Brown</i>
<i>Tasty Catering</i> |
| <input type="checkbox"/> Education/Technology
<i>Terry O'Rourke</i>
<i>Common Sense Solutions</i> | <input type="checkbox"/> NextGen
<i>Brett Strohl</i>
<i>Lankford Construction - Painting Division</i> | | |

Signature of Authorized Representative:

_____ Date: _____

Our strength is in numbers. Do you know any other company which may benefit from ASA Chicago membership?

Name/Title (who are you referring?) _____ Phone: _____

Company: _____

Address: _____ City/State/Zip: _____

Fax: _____ E-mail: _____

Please mail or fax this completed form with dues payment to:

Note: 15% of your dues cannot be deducted as a business expense, because that amount may be used for lobbying purposes.

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