



Association of Subcontractors and Affiliates (ASA Chicago)  
**Membership/GC Council 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. **The below amounts represent one full year of dues/fees.**

**The first dues payment is prorated according to the month a member joins. Please see online pricing or call for more info:**

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Subcontractor under \$5m revenue                             | Annual Dues = \$ 900   |
| <input type="checkbox"/> Subcontractor over \$5m revenue                              | Annual Dues = \$ 1,000 |
| <input type="checkbox"/> Vendor Member (supplier, manufacturer, etc.)                 | Annual Dues = \$ 1,000 |
| <input type="checkbox"/> Professional Member (legal, financial, etc.)                 | Annual Dues = \$ 1,100 |
| <input type="checkbox"/> Sustaining Member (organizations and their personnel)        | Annual Dues = \$ 1,600 |
| <input type="checkbox"/> General Contractor Council (GCs and construction mgmt firms) | Annual Fee = \$ 2,000  |

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)

**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 \_\_\_\_\_  
 VOB                       SDB  
 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                      Discover                       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 have interest (please check all that may apply)

**Committees**

- Business Opportunities                       Golf                       Membership/  
Marketing  
 Construction Expo                       Government Relations                       Safety/Insurance  
 Education/Technology                       NextGen                       Social

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Referrals**

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: \_\_\_\_\_

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

Please mail this completed Application with payment to:

**ASA Chicago**

2200 E. Devon Ave., Suite 261 | Des Plaines, IL 60018 | Phone: 847-827-8336

E-mail: [info@asachicago.org](mailto:info@asachicago.org) | Website: [www.asachicago.org](http://www.asachicago.org)