



MEMBERSHIP APPLICATION

ASSOCIATED BUILDERS & CONTRACTORS OF OKLAHOMA

Date _____

General Information

Company Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-Mail _____ Website _____

Preferred Method of Communication (Check one) Fax Email Mail

Company Officers

Phone

E-mail

President/CEO _____

Vice President _____

Financial Officer _____

Your Company's ABC Representatives

Title

Phone

E-Mail

Primary Contact _____

Secondary Contact _____

Sponsor Company Representative (ABC member & firm that recruited your company)

Sponsor Name _____ Sponsor Company _____

Work Information

Max Bond _____ Single Job Bond _____ Average Job Size _____ Largest Job Size _____

Scope of Work Commercial Residential Public

Admin Workers _____ # Skilled Workers _____

Are you a minority business? Yes No

Are you a member of another Chapter? Yes No If yes, which one(s)? _____

Do you provide training for your employees? Yes No Year of Incorporation _____

Work Regions (check all that apply)

Local State National

Category (check one)

General Contractor Subcontractor Supplier Industry Professional

New Member Investment Schedule (Based on previous year's gross volume. Check one.)

Category	Amount
<input type="checkbox"/> 12 Contractor - \$50 Million & Over.	\$.6800
<input type="checkbox"/> 11 Contractor - \$20 to \$50 Million	\$.5900
<input type="checkbox"/> 10 Contractor - \$10 to \$20 Million	\$.4500
<input type="checkbox"/> 9 Contractor - \$6 to \$10 Million	\$.3700
<input type="checkbox"/> 8 Contractor - \$3 to \$6 Million	\$3200
<input type="checkbox"/> 7 Contractor - \$1 to \$3 Million	\$2600
<input type="checkbox"/> 6 Contractor - \$500,000 to \$1 Million	\$1700
<input type="checkbox"/> 4 Contractor - Under \$500,000	\$1150
<input type="checkbox"/> 2 Supplier	\$1250
<input type="checkbox"/> 1.1 Architect / Engineer	\$600
<input type="checkbox"/> 1 Industry Professional	\$1250

To Accompany Application

Application Signed By _____ Title _____ Date _____

My Annual Dues \$ _____ Check Enclosed

Credit Card Type Visa / Mastercard Credit Card Number _____ Expiration Date _____

Name on Card _____ Authorized Signature _____

Tax Deductible Information

ABC dues are not deductible as a charitable contribution for Federal income tax purposes, but may be partially deductible as a business expense. A % of your dues are not deductible because they are related to lobbying activities on behalf of ABC's members.

Please remit to:

ABC of Oklahoma
1915 N. Yellowwood Ave. - Broken Arrow, OK 74012
Phone: (918) 254-8707 Fax: (918) 252-5949
Oklahoma City Phone: (405) 840-3444 (405) 840-3446
E-mail: info@abcofoklahoma.com