



FIRST COAST CHAPTER Associated Builders and Contractors Membership Application

COMPANY: _____

STREET: _____ PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT PHONE: _____ FAX: _____

E MAIL: _____ WEBSITE: _____

MAIN COMPANY CONTACT: _____

AUTHORIZING SIGNATURE: _____

Company's Main Work or Service: _____

COMPANY EXECUTIVES

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

SAFETY DIRECTOR/OFFICER: _____

Person to send invoices to: _____

Who got you interested in ABC? _____

<p>MEMBER DUES CATEGORIES/ANNUAL DUES</p> <p>CONTRACTOR / SUB CONTRACTOR</p> <p>Over \$50 million.....12.....\$4930 \$20 to \$50 million.....11.....\$3850 \$10 to \$20 million.....10.....\$3185 \$6 to \$10 million.....9.....\$2705 \$3 to \$6 million.....8.....\$2215 \$1 to \$3 million.....7.....\$1630 \$500,000 to \$1 million.....6.....\$1315 Under \$500,000.....4.....\$990</p> <p>SUPPLIER</p> <p>Over \$10 million.....2.4.....\$1610 \$1 to \$10 million.....2.3.....\$1465 \$500,000 to \$1 million...2.2.....\$1155 Under \$500,000.....2.1.....\$850</p> <p>ASSOCIATE</p> <p>Over \$1 million.....1.3.....\$1440 \$500,000 to \$1 million...1.2.....\$1145 Under \$500,000.....1.1.....\$840</p>	<p>DUES CATEGORY NUMBER: _____</p> <p>Annual Dues: _____</p> <p>Enrollment Fee: (1st year only) <u> \$50 </u></p> <p>Total Amount Enclosed: _____</p> <p>Make checks payable to: Associated Builders and Contractors 6900 Southpoint Dr N., Suite 120 Jacksonville, FL 32216 Phone (904) 731-1506 Fax (904) 731-1507</p> <p>Dues are payable one year in advance at time of enrollment. Thereafter, dues are billed and payable in January.</p> <p>Dues include a subscription to the Jacksonville Business Journal</p>
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