



MEMBERSHIP APPLICATION

SPECIALTY CONTRACTORS ■ SUPPLIERS ■ SERVICE ASSOCIATES

COMPANY NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ WEBSITE _____

MEMBERSHIP CATEGORY SPECIALTY CONTRACTOR SUPPLIER AFFILIATE

TYPE OF CONTRACTOR OR BUSINESS _____ NUMBER OF EMPLOYEES _____

STATE CONTRACTORS LICENSE NO. _____ AVERAGE ANNUAL SALES VOLUME _____

PEOPLE DESIGNATED TO ATTEND ASA FUNCTIONS

PRIMARY CONTACT _____ EMAIL _____

OTHER _____ EMAIL _____

OTHER _____ EMAIL _____

OTHER _____ EMAIL _____

Attach 2nd sheet if needed to add more names

COMPANY OFFICERS

NAME _____ TITLE _____ HOME ZIP CODE _____

For legislative purposes only

NAME _____ TITLE _____ HOME ZIP CODE _____

FIRST LEARNED OF ASA FROM _____

- In applying for membership in the Associated Subcontractors Alliance, I acknowledge that my company is an active specialty contractor, supplier, or service associate. Further, I agree to conform to the association bylaws, copies of which can be obtained from the association office.*
- I hereby request that ASA send communications advertising its products, goods, and services to my company via fax and/or email until such date that I or my company notifies ASA otherwise.*
- ASA has my permission to publish photographs of company representatives or officers on the association's website or in its newsletter.*

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____

ANNUAL DUES ARE \$1,500.00. [May be deductible as an ordinary business expense]

Send application with check payable to Associated Subcontractors Alliance to: P.O. Box 600723, San Diego, CA 92160