

APPLICATION FOR MEMBERSHIP



Class of Membership for which this application is being submitted:

- Contractor Visiting Contractor Specialty Contractor Associate

Firm Name

Main Contact Person

Mailing Address

Street Address

City/State/Zip

Area Code/Phone Number

Area Code/Fax Number

E-mail Address

Website Address

Names of Owners, Partners, or Officers of Corporation:

Person authorized to represent the firm in chapter affairs/
national association affairs:

General/Visiting/Specialty Contractor Applicants Complete the Following:

Type of contracting performed. Please check **all** that apply and **circle** your primary classification:

- Building Highway Heavy Industrial Municipal Utilities Ready Mix

Building Contractors: What percentage of your business is Design/Build? _____% Bid? _____% Negotiated? _____%

Please give a brief description of the type of business, the main types of contracting done, the method of contracting, locations, customers, etc: _____

What percentage of your firm's business is general contracting? _____% Public Works License Number: _____

Does your company perform 50% or more of its work at the job site? Yes No

Are you engaged in business activities other than as a construction contractor? Yes No If yes, what percentage? _____%

Please describe. Use separate page is needed. _____

What percentage of your firm's total business is in Montana? _____

Does your firm operate open shop (without collective bargaining agreements)? All work Some work No work

Does your firm do DAVIS BACON work? Yes No What percentage of total work? _____%

Estimated average dollar volume based on the last three years: _____

Number of employees: peak _____ least _____ Number of years in business? _____

Over ►

MEMBERSHIP APPLICATION (CONT.)



Associate Applicants Complete the Following:

Type of materials and/or services you provide in the construction industry: _____

Does your company do any construction Contracting? Yes No If yes, what percentage? _____%

All Applicants MUST Complete the Following:

Name of person to whom mail should be addressed: _____

Has your company ever been an AGC member? Yes No

If yes, please give name(s) of Chapter(s) or Branch(es) and date(s) of membership and name(s) under which formerly enrolled: _____

For Specialty Contractors or Service/Supplier Only:

What is your Specialization code (NAIC or CSI)? - Please see Primary Business Classification page. _____

Please answer the following important questions:

How did you hear about the MCA? _____

Reason for joining the MCA? (insurance, plans room, networking, safety services, etc.) _____

This firm certifies that the foregoing statements are correct and true, and we agree that if elected to membership, we also will accept the obligations of membership (including providing documentation of gross sales, if requested); that we will be governed by the Articles of Incorporation and the Bylaws of the Associated General Contractors of America and also by the Rules and Regulations and Dues Schedule of the Montana Contractor's Association, Inc. as long as we remain a member, and we furthermore agree to promote the objectives of the Association.

This firm understands that Contractor membership in the MCA does not guarantee admission to the MCA health, pension, or workers' compensation insurance programs.

Signature

Title

Enclosed is a check for \$ _____

Date: _____

Please submit completed and signed application, including the appropriate payment (see MCA Member Dues page) to:

Montana Contractors' Association, 1717 11th Ave., Helena, MT 59601

Your membership dues to the Montana Contractors' Association are deductible expenses for Federal income tax purposes as ordinary and necessary expense according to the IRS Code Section 162(e). Contributions or gifts to the Montana Contractors' Association are not deductible as charitable contributions for Federal income tax purposes.