



Associated Builders and Contractors - Florida First Coast Chapter
2020 Membership Application

"Every man owes a part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere." —Theodore Roosevelt

COMPANY INFORMATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ WEBSITE: _____

Company's Main Business or Service: _____

PRIMARY ABC CONTACT:

NAME: _____ TITLE: _____

EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____ / ____

COMPANY DESIGNATIONS: 8(a) MBE WBE WOSB EDWOSB VOB SDVOSBO DBE HUBZone

**ANNUAL MEMBERSHIP DUES
CONTRACTOR / SUB CONTRACTOR**

More than \$250 million.....\$8263
\$100 to \$250 million.....\$6650
\$50 to \$100 million.....\$5671
\$20 to \$50 million.....\$4493
\$10 to \$20 million.....\$3674
\$6 to \$10 million.....\$3125
\$3 to \$6 million.....\$2564
\$1 to \$3 million.....\$1847
\$500,000 to \$1 million.....\$1511
Under \$500,000.....\$1197

SUPPLIER

More than \$10 million.....\$1927
\$1 to \$10 million.....\$1761
\$500,000 to \$1 million.....\$1407
Under \$500,000.....\$1058

INDUSTRY PROFESSIONALS

More than \$1 million.....\$1761
\$500,000 to \$1 million.....\$1424
Under \$500,000.....\$1075

DEVELOPER / OWNER

Construction users not applicable to above categories.....\$950

Contact us by phone if your company is already an ABC member at another Chapter. Special rates may apply!

CONTRACTORS ONLY

FIELD OF WORK: Commercial Industrial Residential
 Public / Institutional

CSI code(s): _____

NAICS code(s): _____ (if applicable)

LICENSE # _____

Annual Dues: _____

Enrollment Fee: (1st year only) **\$50**

Total Amount Enclosed: _____

Make checks payable to:

Associated Builders and Contractors
8657 Baypine Road, Suite 101
Jacksonville, FL 32256

Questions? Call (904) 731-1506

Dues are payable one year in advance at time of enrollment. Thereafter, dues are billed and payable in January.

Application continues on back >>>



2020 Membership Application

ABC INFORMATION

How did you learn about ABC? _____

Check all that apply. I would like more information on:

- Member Discounts
- Education / Training
- STEP (Safety Training Evaluation Process)
- Leadership Development (NEXGEN)
- Government Affairs
- Accredited Quality Contractors (AQC)
- Event & Membership Committees
- Member Events
- Awards & Recognition
- Young Professional Leaders
- Women's Council
- Marketing / Sponsorships

EMPLOYEE INFORMATION

SAFETY CONTACT:

NAME: _____ TITLE _____
 EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____/____

MARKETING CONTACT:

NAME: _____ TITLE _____
 EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____/____

BILLING / ACCOUNTING CONTACT:

NAME: _____ TITLE _____
 EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____/____

HR CONTACT:

NAME: _____ TITLE _____
 EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____/____

WOMEN'S COUNCIL CONTACT:

NAME: _____ TITLE _____
 EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____/____

OTHER CONTACTS:

NAME: _____ TITLE _____
 EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____/____
 NAME: _____ TITLE _____
 EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____/____
 NAME: _____ TITLE _____
 EMAIL: _____ MOBILE: _____ BIRTHDAY: Month / Day ____/____