

# Membership Application

## Associated Builders & Contractors, Florida East Coast Chapter



3730 Coconut Creek Pkwy., Suite 200 Coconut Creek, FL 33066  
Phone (954) 984-0075 Fax (954) 984-4905 [www.abceastflorida.com](http://www.abceastflorida.com)  
Please complete application and mail or fax. You may also join online at  
[www.abceastflorida.com](http://www.abceastflorida.com) under Membership.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_ General Email: \_\_\_\_\_

President/CEO: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Sponsoring Company: \_\_\_\_\_

Market Area: (check one) South Florida  Statewide  National  International

CSI Division: \_\_\_\_\_ CSI Code or type of work: \_\_\_\_\_

License # (Considered advertising & required for contractors & subcontractors) : \_\_\_\_\_

Do You Currently Have a Safety Director? no yes If so please list name \_\_\_\_\_

If you are a General or a Subcontractor please indicate the annual gross volume that you want listed for your company in our chapter directory and the ABC website. (Users often search based on your company volume.) \_\_\_\_\_

*As a member of ABC, you will receive notices about member services, products and events which may be sent by fax or email. Some faxes or emails may contain solicitations or advertisements about these products and events, and you are assenting to the receipt of such faxes or emails but may decline to receive faxes or emails from ABC by emailing [shill@abceastflorida.com](mailto:shill@abceastflorida.com) or by contacting ABC at the above address.*

Please check appropriate box for Membership Category (there is a one time application fee of \$50.00)

Contractor, Subcontractor & Construction Management Firms:  \$1,540 Dues: \_\_\_\_\_

Suppliers:  \$840 One Time Application Fee: \$50.00

Associates:  \$740 TOTAL: \_\_\_\_\_

Please make check payable to Associated Builders and Contractors, Inc. and mail to the above address, or you may pay by credit card.

Credit Card Number: \_\_\_\_\_ Ex. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

All applications must have an authorized signature.

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