# ASSOCIATED BUILDERS AND CONTRACTORS OF WESTERN PENNSYLVANIA

## EMERGING CONTRACTOR PROGRAM

Annual dues effective July 1, 2000 - $350

**This is a special membership category for contracting companies meeting the following criteria:**

- **In business three years or less**
- **Annual volume of $500,000 or less**
- **The principal owner performs multiple tasks**
- **The firm cannot have previously been a member of ABC.**

**Note: Applicant selects this category on the honor system. For additional membership categories, see the ABC of Western Pennsylvania Dues Investment Schedule.**

## Membership in this classification is for a maximum of two years.

I hereby apply for membership in ASSOCIATED BUILDERS & CONTRACTORS OF WESTERN PENNSYLVANIA in the EMERGING CONTRACTORS PROGRAM. Enclosed is my payment of annual dues based on the criteria listed above.

Company: _____ Contact Name: _____

Company Address: _____ Contact Title: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cellular Phone: _____ E-mail Address: _____

Web Site Address: _____

Secondary Contact: _____ Training Supervisor: _____ Safety Supervisor: _____

(Please select one: ____ General Contractor ___ Subcontractor

Business Description: (maximum of 85 characters including spaces and punctuation) _____

_____

**Sponsoring ABC Member**: _____

(Please select one:_____ I request to be listed in the directory. _____ I request to **NOT** be listed in the directory.)
(Note: Our directory will list your firm and volume of business as "Emerging Contractor")

I hereby apply for membership with ASSOCIATED BUILDERS & CONTRACTORS OF WESTERN PENNSYLVANIA, INC. Enclosed is my payment of annual dues for the emerging contractor category. I understand that after 2 years in this category my dues will be based on my previous year's gross business volume (except for Associate & Supplier members, flat fee). If accepted, I will abide by its by-laws, support its objectives, comply with the Code of Ethics and pay the established dues for the appropriate category. I understand that by providing the fax number(s) above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes sent by or on behalf of ABC ASSOCIATION, ABC FOUNDATION, ABC SERVICES CORPORATION, AND/OR ABC PAC. As a member of ABC, you will receive notices about member services, products, and events which may be sent by E-mail. Some E-mails may contain solicitations or advertisements about these products and events, and you are assenting to the receipt of such E-mails but may decline to receive such emails from ABC by emailing or by contacting ABC at the address on this application.

Signature: _____ Title: _____ Date: _____

**Return your application and check to: ABC of Western PA, 3500 Spring Garden Avenue, Pittsburgh, PA 15212**

Each new member application requires a majority vote by the board of directors at their next scheduled meeting. In order to be voted on, completed applications and dues payment must be submitted prior to the scheduled meeting.

Chapter office: Phone: (412) 231-1446 ● Fax: (412) 231-3201● Web site: www.abcwpa.org ● Email: ahouser@abcwpa.org

**New members joining the association in the EMERGING CONTRACTOR PROGRAM receive a complimentary copy of the EMERGING CONTRACTOR REFERENCE MANUAL!**