



Application for Membership

Type of Union Contractor: (Please Check One)

_____ **General Contractor / Construction Management Firm**

_____ **Sub-Contractor / Specialty Contractor**

_____ **Associate Member (Trade Association, Supplier or Professional Svcs)**

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Website: _____

Do you have a Home Office or Headquarters outside of Delaware? If yes, please complete:

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Key Company Representatives:

President / CEO: _____

E-mail: _____

Vice President / COO: _____

E-mail: _____

Marketing / Business Development: _____

E-mail: _____

Billing Contact: _____

E-mail: _____

Company is:

_____ Individually Owned Business _____ Partnership _____ Corporation

State of Incorporation: _____ **Years in Business:** _____

Year Business Started: _____

Trades employed by the applicant (please check all that apply)

_____ **Bricklayers**

_____ **Carpenters**

_____ **Cement Masons**

_____ **Drywall Finishers**

_____ **Electricians**

_____ **Glaziers**

_____ **Insulators**

_____ **Iron Workers**

_____ **Laborers**

_____ **Operating Engineers**

_____ **Plumbers / Pipefitters**

_____ **Roofers**

_____ **Sheet Metal**

_____ **Teamsters**

_____ **Other Please Specify:** _____

Please list a brief history of the company and the type of work / specialization:

I hereby make an Application for Membership in your Association and, if accepted, agree to abide by the Bylaws, rules and regulations thereof and all amendments thereto.

The Applicant further agrees, if accepted, to pay all costs of membership (if any) from the date of acceptance of this application to effective date of its resignation.

By submitting this form, I agree to the Terms and Conditions of this Membership Application.

Signature: _____ **Date:** _____

Yearly Membership Dues

Union Contractor Member: - Free

Associate: \$375 per year