



*Committed to Quality Subcontracting*

## INVITATION TO MEMBERSHIP\*

\_\_\_\_\_ YES, my company, operating primarily as a Subcontractor or Supplier/Service Provider, hereby applies for membership in the American Subcontractors Association of Minnesota (ASA-MN).

*Company Name:* \_\_\_\_\_

*Representative:* \_\_\_\_\_

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

*Phone:* \_\_\_\_\_

*Fax:* \_\_\_\_\_

*E-mail:* \_\_\_\_\_

*Website address:* \_\_\_\_\_

What is your primary area of interest with ASA? Education, Gov't., Networking, other? \_\_\_\_\_

*Please indicate you the type of membership you are applying for:*

\_\_\_\_\_ *Active Subcontractor or Construction Supplier\* Annual Dues \$825\*\**

\_\_\_\_\_ *Professional Service provider, Annual Dues \$1000\*\* (any firm or individual who is not ac active subcontractor or supplier)*

*Describe your specific business for the directory* \_\_\_\_\_

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 01 General Requirements | <input type="checkbox"/> 06 Wood & Plastics    | <input type="checkbox"/> 11 Equipment            | <input type="checkbox"/> 16 Electrical    |
| <input type="checkbox"/> 02 Sitework             | <input type="checkbox"/> 07 Thermal & Moisture | <input type="checkbox"/> 12 Finishing's          | <input type="checkbox"/> SERVICE Industry |
| <input type="checkbox"/> 03 Concrete             | <input type="checkbox"/> 08 Doors & Windows    | <input type="checkbox"/> 13 Special Construction | Specify _____                             |
| <input type="checkbox"/> 04 Masonry              | <input type="checkbox"/> 09 Finishes           | <input type="checkbox"/> 14 Conveying Systems    | _____                                     |
| <input type="checkbox"/> 05 Metals               | <input type="checkbox"/> 10 Specialties        | <input type="checkbox"/> 15 Mechanical           | _____                                     |

Annual membership is from July 01 through June 30. The first year is payable in full upon application. Credits for partial year applications will be applied at renewal.

\_\_\_\_\_ Check enclosed payable to ASA-MN **OR** \_\_\_\_\_ Please invoice us, we will remit promptly.

*Signature:* \_\_\_\_\_

*With my signature I agree to receive faxes and emails regarding ASA and ASA-MN.*

*Title:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Who introduced you to ASA?* \_\_\_\_\_

**Thank you for your support! Please return the application to:**

American Subcontractors Assoc. of MN (ASA-MN)  
16112 Wake Street NE Anoka, MN 55304 - Office: 763-413-0669 Fax: 763-413-1131 - info@asamn.org  
www.asamn.org - national website www.asaonline.com

\*\*Membership dues include optional \$50 contributions to the advocacy and scholarship funds. 95% of your investment is deductible as a business expense. ASA estimates that 5% of dues are not deductible due to lobbying activities on behalf of ASA's members.

\*Architects, engineers, general contractors, construction managers and construction owners are not eligible for membership in ASA.

Who would you like to recommend for membership in ASA?

Phone: \_\_\_\_\_

Average number of employees (office and field personnel): (Please check one box)

- |                                |                                  |                                  |
|--------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1-5   | <input type="checkbox"/> 26-50   | <input type="checkbox"/> 151-300 |
| <input type="checkbox"/> 6-10  | <input type="checkbox"/> 51-100  | <input type="checkbox"/> 300+    |
| <input type="checkbox"/> 11-25 | <input type="checkbox"/> 101-150 |                                  |

Average annual sales Volume: (Please check one box)

- |  |  |
|--|--|
| <input type="checkbox"/> \$0-499,000             | <input type="checkbox"/> \$3,000,000 - 6,999,999 |
| <input type="checkbox"/> \$500,000 - 999,000     | <input type="checkbox"/> \$7,000,000 - 9,999,999 |
| <input type="checkbox"/> \$1,000,000 - 2,999,999 | <input type="checkbox"/> \$10,000,000 +          |

Company description check list: (Please check all that apply)

- |                                |                                       |                              |
|--------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> Union | <input type="checkbox"/> Family-Owned |                              |
| <input type="checkbox"/> WBE   | <input type="checkbox"/> MBE          | <input type="checkbox"/> DBE |

What year did you start in the industry? 19\_\_\_\_

Primary work field: (Please check only one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Commercial (CO)  | <input type="checkbox"/> Government (GV)    | <input type="checkbox"/> Industrial (IN) |
| <input type="checkbox"/> Residential (RE) | <input type="checkbox"/> Institutional (IS) | <input type="checkbox"/> Other (OT)      |

ASA committees or issues interested in:

(Please check all that apply)

- Government relations
- Membership
- Programs
- Audit
- Bylaws

What other associations are you a member of? (Please circle all that apply)

Your specialty trade association : \_\_\_\_\_ , Associated General Contractors (AGC), Associated Builders and Contractors (ABC), National Association of Home Builders (NAHB) , Builders' Exchange (BE) , Construction Specifications Institute (CSI) , Construction Financial Management (CFMA) , American Society of Professional Estimators (ASPE) ,

Other: \_\_\_\_\_

***Thank You for Your Time and Support of Minnesota Contractors!***