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# TRI-COUNTY CONTRACTORS ASSOCIATION

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## APPLICATION FOR MEMBERSHIP

Request for membership in the Tri-County Contractors Association shall be a written application to the Board of Directors. The signed application shall be mailed to:

**Tri-County Contractors Association  
P.O. Box 9700  
Saginaw, MI 48603**

This application shall be accompanied by a check in the amount of \$250, which will be considered full payment for the initiation fee. Upon approval of such application by the Board of Directors, the applicant shall be deemed elected to the class of membership for which application was made.

**INITIATION FEE:** Contractor & Associate Members - \$250 (one time only)

### ANNUAL DUES STRUCTURE

| For Contractor Members: |             | For All Associate Members: |
|-------------------------|-------------|----------------------------|
| Contractor Sales Volume | Annual Dues |                            |
| \$0 - \$250,000         | \$200       | \$300per year              |
| \$250,000 - \$1,500,000 | \$300       |                            |
| Over \$1,500,000        | \$450       |                            |

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### MEMBERSHIP APPLICATION

We hereby apply for the following class of membership in the Tri-County Contractors Association:     Contractor Member     Associate Member

We have read and subscribe to the Purpose and Code of Ethics printed on pages 3 & 4 of the Membership Directory and agree to work with other members for the mutual benefit of the Association and its Membership.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Avg. # Employees (Optional) \_\_\_\_\_ Type of Business \_\_\_\_\_

Reference \_\_\_\_\_ Member Sponsor \_\_\_\_\_