

ABC Carolinas Chapter 2024 Membership Application

Company Information

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Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Billing Address (if different): _____

Phone: _____ Company Email: _____

Website: _____ Preferred Dues Invoice Type: Mail Email

Individuals/Contact Information

Primary Contact Name: _____ Title: _____

Primary Contact Email: _____ Phone: _____ Mobile: _____

Preferred Communication: Email Phone Cell

Secondary Contact Name: _____ Title: _____

Secondary Contact Email: _____ Phone: _____ Mobile: _____

2024 Annual Dues Categories

Are a member of another ABC Chapter? If so, list the Chapter Name: _____

If you are already paying National Dues at another Chapter, you only need to pay Chapter Dues, which can be found on the Dues Structure form.

Non-Contractor Categories:

- 1 - Associate Member Category: \$1,540
- 2 - Supplier Member Category: \$1,540

Contractor Member Categories:

- 4 - Contractor: \$1 - \$500,000 \$1,440
- 6 - Contractor: \$500,001 - \$1 Million \$1,750
- 7 - Contractor: \$1 Million - \$3 Million \$2,260
- 8 - Contractor: \$3 Million - \$6 Million \$2,820
- 9 - Contractor: \$6 Million - 10 Million \$3,300
- 10 - Contractor: \$10 Million - \$20 Million \$3,870
- 11 - Contractor: \$20 Million - \$50 Million \$4,770
- 12 - Contractor: \$50 Million - \$100 Million \$6,370
- 13 - Contractor: \$100 Million - \$250 Million \$7,230
- 14 - Contractor: Over \$250 Million \$8,250

DE&I Member Categories:

- 4 - DE&I: \$1 - \$500,000 \$887
- 6 - DE&I: \$500,001 - \$1 Million \$1,120

Start-Up Contractor

- 25 - Start-Up Contractor \$970

Associate Member Category:

Includes Professional service firms ie: banks, insurance, law firms, architects, engineers, and other specialty service firms

Supplier Member Categories:

Includes construction material suppliers

Contractor Member Categories:

Includes general contractors, construction managers, prime contractors and subcontractors. Dues are based on previous year's construction volume in North and South Carolina.

DE&I Member Categories:

ABC Carolinas is focusing on the development of SBA, WBE, HUB Zone, MBE and Veteran owned contractors. We will offer companies who can show proof that they are an SBA, WBE, MBE, HUB or other minority firm the ability to join ABC Carolinas at a discount of 50% of the Chapter membership dues rate for a two-year period. This is for new members only in categories 4 and 6. Members will continue to pay ABC National Dues portion.

Payment Schedule:

Dues are payable for one year in advance at the time of enrollment. Thereafter, dues are billed and payable each January, less appropriate pro-rated credit for new members.

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Type of Work Services

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Type of Company: General Contractor Specialty Contractor Supplier Associate

Company Ownership Status: DBE MBE SDBE SDVOSB VOB WBE WOSB 8A Other: _____

Field Employees: _____ # Office Employees: _____ In Business Since: _____

CSI Division or NAICS and Trade Codes: _____

Engagement and Benefits

Please check the reasons for joining or are interested in learning more about:

Apprenticeship Business Development/Networking Continuing Education Committees + Councils

Discount Programs Free Enterprise Government Affairs/Local + State Politics Leadership + Management

Legal Advice Safety-Related Training School 2 Career Programs Young Leader Program (FLEX)

Other: _____

Sponsor:
Please tell us who told you about ABC or encouraged your firm to join ABC Carolinas?

Staff Recruit:

Name: _____

Company/Firm: _____

Email: _____

Branch Locations/Additional Contacts

Workforce Development Contact: _____ Email: _____ Mobile: _____

Accounting Contact: _____ Email: _____ Mobile: _____

Safety Contact: _____ Email: _____ Mobile: _____

Social Media Handles: Twitter: _____ Linked In: _____ Instagram: _____ Facebook: _____

Branch Locations:

Address: _____ City: _____ State: _____ Zip: _____

Branch Contact: _____ Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Branch Contact: _____ Email: _____ Phone: _____

Contact Signature

By signing this application, you agree with the ABC Carolinas Chapter's Principles of Conduct and give the Chapter permission to mail/email information about ABC member services, products, and events.

Name: _____ Title: _____

Signature: _____ Date: _____