



ABC WMC
 580 Cascade West Pkwy
 Grand Rapids, MI 49546
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 F | 616.942.5901
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Membership Application Form

Company Information

Company: _____

Address: _____

Street Address

City

State

ZIP Code

Phone & Fax: _____ Email: _____

Type of Work, Product or Service
 (include CSI code(s)): _____

Website: _____ Year Established : _____

COMPANY CONTACTS	Contact Name	Contact Email
Primary Contact & Title		
Safety Manager / Director		
Workforce Training / HR		
Project Estimating		
Marketing/Business Development		
CFO / Treasurer		

ABC Agent or Member Sponsor: _____

How many individuals do you employ in your company?

Company Total: _____

Field: _____

Office: _____

Is your firm certified as a:

MBE: _____

WBE: _____

DBE: _____

What is your annual sales volume? _____ *Dues Category:* _____

Type of Membership? ___ Contractor ___ Supplier ___ Associate

Please list an Architect, Owner or ABC Contractor for whom you have worked during the past 12 months.

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____

Project Description / Scope of Work / Material and/or Service Provided:

Initiative & Committee Interest

Initiative and committee participation is a great way to maximize the networking potential of your membership, engage with the Chapter, and further develop as a construction professional. Volunteers drive the decisions and outcomes of Chapter business and all members are encouraged to participate. Most teams and committees meet monthly. Please select the committee(s) below that individuals from your company are interested in participating.

- | | |
|---|--|
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Excellence in Construction Awards |
| <input type="checkbox"/> Governmental Affairs | <input type="checkbox"/> Construction Safety & Health |
| <input type="checkbox"/> HR Peer Group | <input type="checkbox"/> Leadership Development Program |
| <input type="checkbox"/> Marketing Peer Group | <input type="checkbox"/> Electrical Contractors Council |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Annual Clay Shoot |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

By giving Associated Builders & Contractors, Inc. your address, fax number and/or email address, you are granting ABC the privilege of sending communications about products, events or services to your company unless you specifically request not to be contacted by any or all of these means.

Signature: _____ Date: _____

Code of Ethics

To maintain a standard of performance consistent with the owner's best interest and my obligations.

To quote only realistic prices and completion dates and perform accordingly.

To guarantee cooperation to the fullest extent with the Architect and other agents of the owner toward fulfillment of the contract undertaken.

To solicit and accept bids and/or quotations only from firms who subscribe to the principles of this Code of Ethics.

To make all payments promptly within the terms of the contract.

To observe and foster the highest standards of safety and working conditions for employees.

To establish realistic wage schedules for employees commensurate with their ability so that they may enjoy the dignity to which they are entitled.

To participate actively in the training of employees for the future availability thereof to members of this Association.

We hereby agree with the "MERIT SHOP PHILOSOPHY STATEMENT" and make application for membership with the Associated Builders and Contractors Western Michigan Chapter. We agree and understand that our failure to adhere to the procedures and goals of ABC and this Chapter, as stated in this application and by the Board of Directors, may cause automatic expulsion from membership. Acceptance for membership is pending Board of Directors approval.

Signature: _____ Date: _____

Please complete this form and mail or email it to:
Associated Builders and Contractors – Western Michigan Chapter
580 Cascade West Parkway
Grand Rapids, MI 49546
E| jschottke@abcwmc.org
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