



Membership Application

Company Info

Date _____

Company Name _____ Website _____

Address _____

City _____ State _____ Zip _____

Second Location Address _____

Office Phone _____ Company Email _____

Year Business Began _____ # of Employees Admin _____ Field _____

Business Designations (if applicable)

- 8A SDB
- DBE SDVOSB
- EDWOSB VOB
- HUBZone WBE
- LGBTBE WOSB
- MBE

Scope of Work / CSI Codes

(Listings for Membership Directory)

For a full list of CSI Codes, please visit <https://bit.ly/ABCcsicodes>

To be listed under more codes, please fill out the form at <http://bit.ly/CSIform2024>

Code	Description
_____	_____
_____	_____
_____	_____

Primary Contact

Name _____ Title _____

Direct Phone _____ Cell Phone _____

Email Address _____

Additional Contacts

Please provide additional contacts such as: Administrative or Billing, Marketing, HR, Safety, etc.

Name _____ Title _____

Phone _____ Email _____

Name _____ Title _____

Phone _____ Email _____

Name _____ Title _____

Phone _____ Email _____

Name _____ Title _____

Phone _____ Email _____

What is your company's primary reason for joining ABC/WMC? (Please only check one)

- Networking**
Construction Awards Program, Conventions & Conferences, Group Outings, General Membership Meetings, Trade Council & Peer Groups
- Member Discounts & Group Programs**
<https://www.abc.org/Membership/Member-Discounts>
- Insurance Programs**
ABC of MI Self-Insured Workers Compensation Fund, FCCI Contractors Select plan, ABC Insurance Trust
- Education & Training**
Accredited Quality Contractors Program, Apprenticeship and Craft Training, BIM Certification, Discounted Training at WMCI, First Aid/CPR Classes, Leadership Development Programs
- Merit Shop Advocacy**
Merit Shop Advocacy Committee, Annual State Legislative Day in Lansing, ABC National Legislative Week in D.C., ABC Action App
- Safety Programs & Resources**
Safety Training & Evaluation Process (STEP), OSHA 10 & 30 Training, OSHALogs, Safety Peer Group, ABC Safety Award of Excellence, MIOSHA Alliance

Membership Category	Category	Amount
<p>Contractor Members include firms in all types of construction and/or supplying labor working on-site, such as general contractors, construction managers, prime contractors, and subcontractors.</p> <p>*Emerging Contractors include firms that have been in business for fewer than three years and have an annual revenue of \$500,000 or less.</p> <p>Supplier Members include firms that supply materials but provide no on-site labor beyond delivery.</p> <p>Associate Members include firms providing services but no materials or labor, such as attorneys, accountants, bonding and insurance agencies.</p> <p>Please report your category accurately from your most recently completed fiscal year's Gross Annual Sales. The ABC of Michigan Membership Directory is available to all members and reflects your reported membership investment category and division.</p>	<input type="checkbox"/> 16 - Contractor - Over \$250M	\$ 10,000.00
	<input type="checkbox"/> 15 - Contractor - \$100M - \$250M	\$ 8,875.00
	<input type="checkbox"/> 14 - Contractor - \$50M - \$100M	\$ 8,275.00
	<input type="checkbox"/> 13 - Contractor - \$20M - \$50M	\$ 6,650.00
	<input type="checkbox"/> 12 - Contractor - \$10M - \$20M	\$ 5,250.00
	<input type="checkbox"/> 11 - Contractor - \$6M - 10M	\$ 4,700.00
	<input type="checkbox"/> 10 - Contractor - \$3M - \$6M	\$ 3,975.00
	<input type="checkbox"/> 9 - Contractor - \$1M - \$3M	\$ 3,275.00
	<input type="checkbox"/> 8 - Contractor - \$500,000 - \$1M	\$ 2,450.00
	<input type="checkbox"/> 7 - Contractor - Less than \$500,000	\$ 1,550.00
	<input type="checkbox"/> 6 - Emerging Contractor *	\$ 995.00
	<input type="checkbox"/> 5 - Supplier - Over \$3M	\$ 3,075.00
	<input type="checkbox"/> 4 - Supplier - \$1M - \$3M	\$ 2,400.00
	<input type="checkbox"/> 3 - Supplier - Less than \$1M	\$ 1,325.00
	<input type="checkbox"/> 2 - Associate - Over 25 Employees	\$ 1,950.00
	<input type="checkbox"/> 1 - Associate - Under 25 Employees	\$ 1,600.00

Do you belong to any other ABC Chapters? No Yes Please List _____

Referring ABC Member: Company _____ Contact _____

Payment Options: **Check** Mail to: ABC/WMC
801 Century Ave SW
Grand Rapids, MI 49503

I have signed the Drug- and Alcohol-Free Workplace Pledge at <https://www.drugfreeconstruction.org/>

ACH
Email address to send ACH setup link to: _____

Credit Card (3% Service Fee)
Email address to send Credit Card payment link to: _____
or
Card # _____

Expiration Date ___ / ___ SVC _____ Zip Code _____

Tax Information: ABC dues are not deductible as a charitable contribution for Federal income tax purposes but may be partially deductible as a business expense. 20.5% of your 2024 dues are not deductible because they are related to lobbying activities on behalf of ABC's members.