



Associated Builders and Contractors, Western Michigan Chapter  
 801 Century Ave SW  
 Grand Rapids, MI 49503  
 P | 616.942.9960  
 F | 616.942.5901  
 W | www.abcwmc.org

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

**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  
801 Century Ave SW  
Grand Rapids, MI 49503  
Email: [info@abcwmc.org](mailto:info@abcwmc.org)

Rev 1/22