



Colorado Contractors Association

6880 S. Yosemite Ct., #200, Centennial, Colorado 80112-1421
Phone: (303) 290-6611 ■ Fax: (303) 551-7168 ■ www.coloradocontractors.org



Membership Application

The firm listed below hereby applies for membership in the COLORADO CONTRACTORS ASSOCIATION, INC., the Heavy • Highway • Municipal-Utility Chapter of the ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC. We agree, if elected to membership, to accept the obligations and to be governed by the Articles of Incorporation, Governing Provision, Constitution and Bylaws of the Colorado Contractors Association, Inc. The firm also agrees, as partial consideration for being granted such membership, to pay at least one year of dues and assessments. (See information on reverse of this page).

It is understood that this application is for membership in CCA/AGC only. Participation in specific programs or services may be subject to additional criteria and/or enrollment as established by the Board of Directors.

Firm Legal Name: _____

Is this the name under which CCA membership is to be listed? YES NO

If not, please indicate the firm name under which application applies for CCA membership is requested:
(NOTE: This will be how your organization will be listed in the CCA Membership Roster)

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): (_____) _____ Fax Number: (_____) _____

E-mail Address: _____ Website: _____

OFFICERS, PRINCIPALS OR OWNERS

Name: _____ Title: _____
E-mail: _____

Name: _____ Title: _____
E-mail: _____

Name: _____ Title: _____
E-mail: _____

Primary Contact Person in Firm to Receive General Mailing: _____

Primary Committee Interest (Must select from enclosed list): _____

Primary Contact Person for Accounting/Billing: _____

CATEGORY OF MEMBERSHIP FIRM IS MAKING APPLICATION TO:

- Contractor Member
- Provisional Contractor Member
- Standard Associate Member (\$955)
- Gold Trailblazer Associate Member (\$5,707)
- Silver Trailblazer Associate Member (\$3,605)
- Bronze Trailblazer Associate Member (\$1,505)

Who Referred you to CCA? _____

BRIEF DESCRIPTION OF TYPE OF BUSINESS: _____

Number of Years Applying Firm has been in Business: _____

Total Volume of Business in Colorado for Last Calendar Year (in \$): _____

Geographical Area(s) in which company traditionally performs work: _____

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE PUBLICLY DISCLOSED

Are you a certified: MBE WBE DBE Date of Certification: _____ Which State(s): _____

PAYMENT AGREEMENT

If accepted for membership, the undersigned hereby promises to pay the Colorado Contractors Association its dues and assessments and those of the Associated General Contractors of America each year in which it is a member and any invoice for services and products provided. The amount of such dues and assessments shall be as stated in the Bylaws of the association, and may be modified in the future through amendments to the Bylaws or as otherwise provided. I expressly understand and agree that this is a binding contract. If I breach the contract by failing to pay, when due, any membership dues, assessments or any invoice for products or services provided, I expressly understand the CCA may take any or all of the following actions without notice except as provided in the CCA Bylaws:

1. Suspend all or partial member services;
2. Terminate participation in any CCA-sponsored insurance program;
3. Terminate the membership and all privileges thereof;
4. Collect the balance of any monies owing by legal recourse.

If accepted for membership, I irrevocably promise to pay dues and assessments for a minimum of one (1) year at the then current rate. I also agree to furnish, in a timely manner, any needed financial information for calculation of dues and assessments. If, in the future, I should choose to resign from the CCA, I realize I must do so by delivery in person or by certified mail, a notice of such resignation along with a check in the amount of the full pro rata dues and assessments as of the date of such letter and any other outstanding charges or assessments that may be due at that time. I recognize that late payments accrue a service charge on the outstanding balance at the rate of one and one-half (1½%) per month. In compliance with Government Regulations, I hereby grant the Association permission to contact our company by telephone, facsimile, electronic mail or U.S. Mail.

Signed By: _____ Title: _____

Date: _____ **Check with Application: Amount: \$** _____

Visa MasterCard Card #: _____ Exp. Date: _____

Name on Card _____ Signature: _____

Business/Industry Reference: _____

Person to Contact: _____ Phone: _____