



MEMBERSHIP APPLICATION

Company name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Office Phone: _____ Website: _____

Lead contact: _____ Direct Phone: _____

Email: _____

Other contacts/info: _____

Type of Work Done: _____

Are you a licensed contractor in the State of Arizona? (Yes / No)

If yes, what category? _____ License # _____

Member classification

Contractor member (Dues: \$2,200/year) Associate Member (Dues: \$990/year)

Agency Member (Dues: \$700.00/year) Affiliate (approved partner nonprofits)

Check payment enclosed **Please call for card payment** **Please invoice dues**

I (We) hereby apply for Membership to the Arizona Transportation Builders Association (ATB) and understand our application is subject to approval by the Board of Directors following the rules set out in ATB's By-Laws.

Signature: _____ Date: _____

Please complete and return application with appropriate dues to:

Arizona Transportation Builders Association, 1842 W. Grant Rd. Suite 103, Tucson, AZ 85745
Phone (520) 623-0444 - Website: www.MovingOurEconomy.org

ATB use: Board of Directors approved on: _____ Payment received: _____