

Membership Application

El Paso Association of Contractors – 810 E. Yandell Suite B 79902 (915)585-1533

Membership Type:	General Contractor Sul	o- Contractor Associates	Suppliers
	Professional Services Ass	sociates Individuals	
Member Information	n:		*
Company Name:			
Mailing Address:	- Transport	Street Address:	
City/St.:	Zip:	City/St.:	Zip:
Phone:	Fax:	Primary email:	
Primary Contacts:			
Name:		Title:	
Name: ———	1	Title:	
Company Backgroun	d:		
Year Established:			
List three CSI Code Cl	lassifications which best describe	e the services provided by your firm	
Primary:		Please indicate if your company	is:
Alternate:		☐ LBE (Large Business Enterpri	ise)
Alternate:		SBE (Small Business Enterpr	ise)
Website:		☐ WBE (Women-Owned Busin	1855)



Membership Dues

General Contractors

Volume	Annual Dues	
□ Level 1 (>10MM)	\$5,000	
□ Level 2 (<10MM)	\$2,500	

Sub-Contractors

Volume	Annual Dues	
☐ Level 1 (>10MM)	\$5,000	
□ Level 2 (>5MM)	\$2,500	
☐ Level 3 (>2.5MM)	\$1,500	
☐ Level 4 (<2.5MM)	\$1,000	

Associates

Volume	Annual Dues	
☐ Level 1	\$1,000	

Suppliers

Volume	Annual Dues
☐ Level 1	\$1,000

Professional Services

Volume	Annual Dues
□ Level 1	\$750

Associate Individuals

Volume	Annual Dues	
☐ Level 1	\$200	



REFERENCES:

Reference Name:
Title:
Company Name:
Street Address:
City, ST ZIP:
Telephone:
Email:
Reference Name:
Title:
Company Name:
Street Address:
City, ST ZIP:
Telephone:
Email:
Reference Name:
Title:
Company Name:
Street Address:
City, ST ZIP:
Telephone:
Email: