



Associated Builders and Contractors of the Carolinas, Inc. Membership Application

Company Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax: () _____ - _____ Years in Business: _____

Website: _____ Number of Workers Employed: _____

Primary Contact: _____ Title: _____ Email: _____

Alternate Contact: _____ Title: _____ Email: _____

Safety Director Contact: _____ Email: _____

ABC Sponsor Name: _____ Company: _____
(Who you spoke to or suggested ABC to your company)

Is your company: WBE _____ NAMCA _____ MBE _____ DBE _____

Do you have other Offices in the Carolinas:

North Carolina				
___ Charlotte	___ Fayetteville	___ Coastal	___ Triangle	___ Triad

South Carolina		
___ Upstate	___ Columbia	___ Low country

New Member Investment Schedule (please check appropriate category)

General Contractor Specialty Contractor

Supplier

Cat	Annual Gross Revenue (Carolinas)	Annual Dues
___ 12	\$50,000,000 and above	\$4,223
___ 11	\$20,000,000 to \$50,000,000	\$3,914
___ 10	\$10,000,000 to \$20,000,000	\$3,296
___ 9	\$6,000,000 to \$10,000,000	\$2,678
___ 8	\$3,000,000 to \$6,000,000	\$2,034
___ 7	\$1,000,000 to \$3,000,000	\$1,725
___ 6	\$750,000 to \$1,000,000	\$1,288
___ 5	\$500,000 to \$750,000	\$1,107
___ 4	\$300,000 to \$500,000	\$772
___ 3	Under \$300,000	\$670

Cat	Annual Gross Revenue (Carolinas)	Annual Dues
___ 2a	\$7,500,000 and above	\$1,133
___ 2b	\$5,000,000 to \$7,500,000	\$927
___ 2c	Under \$5,000,000	\$725

Industry Professional

___ 1 Any Volume \$725
(Accounting, Law Firms, Banks, Insurance, etc.)

Architect

___ 1 Any Volume \$525

CSI Codes

Code 1 – CSI Division _____ CSI Code _____ Description _____

Code 2 – CSI Division _____ CSI Code _____ Description _____

Code 3 – CSI Division _____ CSI Code _____ Description _____

Application signed by _____ Title _____ Date ____/____/____

___ Check Enclosed (Please include copy of check when faxing or emailing)

___ Credit Card Type: Number: _____ -- _____ -- _____ Exp. Date: ____/____/____ Code # _____

Name as it appears on Card: _____ Authorized Signature _____

Please remit to:

412 A East Williams St. Apex, NC 27502 or Fax:(919)267-6546
Questions contact Michelle Lewter-ABC of the Carolinas (919)267-6428 office or (919)996-9018 cell

ABC Office Use	Council: _____	App: _____ Date: _____	Stat: _____ Date: _____	J-Drive: _____ Date: _____	QB: _____ Date: _____
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