



Membership Application for ABC of the Carolinas

General Information

Company Name: _____
 Phone: () _____ -- _____ Fax: () _____ -- _____ Email: _____
 Years in business: _____ # of workers employed: _____ Website: _____

Address

Street: _____ Suite: _____ P.O. Box: _____
 City: _____ ST: _____ Zip: _____ Zip: _____

Your Representatives to ABCC

Your Representatives to ABCC	Title	Phone	Email
_____	_____	() _____ - _____	_____
_____	_____	() _____ - _____	_____
_____	_____	_____	_____

ABC Sponsor Name _____ ABC Sponsor Company _____

CSI Code (Choose 3/ see attached sheet)

Code 1 – CSI Division _____ CSI Code _____ Description _____
 Code 2 – CSI Division _____ CSI Code _____ Description _____
 Code 3 – CSI Division _____ CSI Code _____ Description _____
 WBE _____ NAMCA _____ MBE _____ DBE _____

New Member Investment Schedule (please check appropriate category)

General Contractor ___ / Subcontractor ___

Cat.	Description	Amt./year	Cat.	Description	Amt./year
___ 12	\$50,000,000 and above	\$4,223	___ 6	\$750,000 to \$1,000,000	\$1,288
___ 11	\$20,000,000 to \$50,000,000	\$3,914	___ 5	\$500,000 to \$750,000	\$1,107
___ 10	\$10,000,000 to \$20,000,000	\$3,296	___ 4	\$300,000 to \$500,000	\$772
___ 9	\$6,000,000 to \$10,000,000	\$2,678	___ 3	Under \$300,000	\$670
___ 8	\$3,000,000 to \$6,000,000	\$2,034			
___ 7	\$1,000,000 to \$3,000,000	\$1,725			

Industry Professional ___

___ 1	Any Volume	\$725
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Supplier ___

___ 2c	\$7,500,000 and above	\$1,133
___ 2b	\$5,000,000 to \$7,500,000	\$927
___ 2a	Under \$5,000,000	\$725

	Register for ABC NextPlans	
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___ 1 Location \$600 ___ 2-4 Locations \$800 ___ Unlimited Locations \$1000

Total Investment in ABC: Dues \$ _____	NextPlans (Optional) \$ _____	Total Amount Due\$ _____
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Application signed by _____ Title _____ Date ___/___/___

___ Check Enclosed ___ Credit Card Type: **VISA MC AM EXP** Card Number: _____ -- _____ -- _____ Exp. Date: ___/___/___

Code # _____ Name as it appears on Card: _____ Authorized Signature _____

Please remit to: ABC of the Carolinas, Inc., 2101 Sardis Rd. North, Ste. 220, Charlotte NC 28227 or fax: (704) 367-1380	ABC Office use only _____
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FAQ's

How am I Classified?

- 1) **Contractor Member** – Any person, firm, or corporation engaged in any work related to the construction industry as a contractor who provides labor to the construction site. *Note: Labor Providers are not included in this definition – see below: Supplier Member.*
- 2) **Supplier Member** – Any person, firm, or corporation related to the construction industry who furnishes material or labor to the construction site.
- 3) **Industry Professional** – Any person, firm, or corporation engaged in any work related to the construction industry who does not furnish labor and/or material to construction sites.

How is my dues investment calculated? It is based on your gross annual volume for the previous year.

Are my dues tax deductible? Payments to ABCC are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense to the extent allowed by the law.

**When You Think Construction,
Think ABC.**



**“THE ONE” Association
Bringing Contractors,
Suppliers and Associates
Together!**

An Invitation to Membership

**ABC of the Carolinas, Inc.
2101 Sardis Rd. North
Suite 220
Charlotte, NC 28227
(704) 367-1331 – Phone
(704) 367-1380 – Fax**

jashmore@abccarolinas.org – email

www.abccarolinas.org

*ABC strives to make you a better
contractor tomorrow, than you are
today.*

