

## Contractor Membership Application

Return application to: KCA, 800 SW Jackson, Suite 100, Topeka, Kansas 66612 Fax 785.266.6191

Company Contact Informati				
Company Name		Date Founded		
Street Address		City	State	ZIP Code
Mailing Address	(	City	State	ZIP Code
Phone F	ax	County		
Website				
Contact Persons				
Main Contact	Title	E	Email	
Training Contact				
ÿ <u>———</u>				
O O. (1)	: N O			
Owners, Officers & Partners	. ,			
Name	Title		Email	
Name	Title		Email	
Name	Title		Email	
Type of Construction Performed/Soccupational Division you wish to	be assigned (check or	ne only please):		. (2
Utility Infrastructure	9		☐ Rigid Paving (Concrete)	
☐ Structures	1 9		☐ Flexible	Paving (Asphalt)
Aggregate Production &				
Is your company a member of and	•			
If yes, which AGC Chapter/Branch	?			
Are you a member of the Heavy Co	onstructors Association	n of Kansas City?	□ Yes □ No	)
Dues Payment				
<ul><li>Check enclosed made payable</li></ul>	to KCA			
☐ Please charge my Visa/Masterd	ard/American Express	s (a 2% service fee i	s added to all cre	edit card transactions)
Card Number Billing Address		Expiration Date _	CV	V
Billing Address		Billing Phone Nun	nber	
Dues for contractors are \$1,500 for the first y calculated on the volume of work in Kansas purposes, membership dues and contributic to pay all dues assessed by KCA and to abic providing my mailing address, email address mail, email, telephone or fax.	the previous year. If you join ons to KCA are deductible as de by the Bylaws and Articles	mid-year, minimum du a business expense no of Incorporation, includ	ues will be prorated. ot as a charitable co ding all amendment	For federal income tax ntribution. In signing, I agree as thereto. I understand that by

Printed Name \_\_\_