



**KCA**  
KANSAS CONTRACTORS  
ASSOCIATION

# Supplier/Service Provider Membership Application

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

## Company Contact Information

Company Name \_\_\_\_\_ Date Founded \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_  
 Website \_\_\_\_\_

## Contact Person

Main Contact \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

## Owners, Officers & Partners in the Company

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

## About Your Company

Type of Supplier or Services Provided \_\_\_\_\_

Is your company a member of another AGC Chapter/Branch?  Yes  No

If yes, which AGC Chapter/Branch? \_\_\_\_\_

Are you a member of the Heavy Constructors Association of Kansas City?  Yes  No

## Dues Payment

- Check enclosed made payable to KCA
- Please charge my Visa/Mastercard/American Express *(a 3% service fee is added to all credit card transactions)*

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Billing Phone Number \_\_\_\_\_

Dues for supplier/service providers are \$899 per year. If you join mid-year, minimum dues will be prorated. For federal income tax purposes, membership dues and contributions to KCA are deductible as a business expense not as a charitable contribution. In signing, I agree to pay all dues assessed by KCA and to abide by the Bylaws and Articles of Incorporation, including all amendments thereto. I understand that by providing my mailing address, email address, telephone and fax, I consent to receive communications sent by or on the behalf of KCA via regular mail, email, telephone or fax.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_