



# ASSOCIATED SUBCONTRACTORS ALLIANCE

619-825-9552 Fax 619-825-9558 P.O. Box 600723 San Diego, CA 92160 www.SanDiegoASA.org

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## Membership Application

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

Check one: \_\_\_\_\_ Specialty Contractor \_\_\_\_\_ Supplier \_\_\_\_\_ Service Associate

Type of Contractor or business: \_\_\_\_\_

State Contractor License No: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Average Annual sales volume: \_\_\_\_\_

Name of Person(s) Designated to attend ASA functions:

\_\_\_\_\_

Company Officers (Name and Title):

\_\_\_\_\_  
Name: \_\_\_\_\_ Title \_\_\_\_\_ Home 9 Digit Zip Code (Legislative purposes only) \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Title \_\_\_\_\_ Home 9 Digit Zip Code (Legislative purposes only) \_\_\_\_\_

I first heard about ASA from: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Annual Dues: \$1,200.00 for 12 months**

Please send completed application with the dues payment; please make checks payable Associated Subcontractors Alliance. Dues to the ASA are not deductible as a charitable contribution, but may be deductible as an ordinary business expense.

The above listed applicant hereby applies for membership in the Associated Subcontractors Alliance. The applicant is an active specialty contractor, supplier or service associate and agrees to conform to the bylaws of the association. Copies of the bylaws are available from the association office. I hereby request the ASA to send communications advertising its products, goods and services to my companies fax machine and/or to the email address listed above until such date that my company or I notifies ASA otherwise. ASA also has permission to use my photo on its website or in its newsletter