



## Membership Application

El Paso Association of Contractors, 2211 E. Missouri Ave., Ste. 229, El Paso, TX 79903

### Membership Type:

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Suppliers
<input type="checkbox"/> Sub-Contractor	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Associates	<input type="checkbox"/> Associates – Individuals

### Member Information

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

Mailing Address: \_\_\_\_\_

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

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business General Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

### Primary Contacts

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Company Background

Year Established: \_\_\_\_\_

List three CSI Code Classifications that best describe the services provided by your firm:

- Primary: \_\_\_\_\_
- Alternate: \_\_\_\_\_
- Alternate: \_\_\_\_\_

Please indicate if your company is:

- LBE (Large Business Enterprise)
- SBE (Small Business Enterprise)
- WBE (Women-Owned Business)



## Membership Dues

### General Contractors

Volume	Annual Dues
<input type="checkbox"/> Level 1 (>10MM)	\$5,250
<input type="checkbox"/> Level 2 (<10MM)	\$2,750

### Sub-Contractors

Volume	Annual Dues
<input type="checkbox"/> Level 1 (>10MM)	\$5,250
<input type="checkbox"/> Level 2 (>5MM)	\$2,750
<input type="checkbox"/> Level 3 (>2.5MM)	\$1,750
<input type="checkbox"/> Level 4 (<2.5MM)	\$1,250

### Associates

Volume	Annual Dues
<input type="checkbox"/> Level 1	\$1,250

### Suppliers

Volume	Annual Dues
<input type="checkbox"/> Level 1	\$1,250

### Professional Services

Volume	Annual Dues
<input type="checkbox"/> Level 1	\$1,250

### Associate Individuals

Volume	Annual Dues
<input type="checkbox"/> Level 1	\$200



El Paso  
Association  
of Contractors

**References** (Must be a current EPAC member.)

Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Please send completed form to [Israel@EPasoAC.org](mailto:Israel@EPasoAC.org)  
with subject line: "EPAC Membership Application".