



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 you 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

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@ElPasoAC.org
with subject line: "EPAC Membership Application".