

**AMERICAN CARTAGE AND CONTRACTORS ASSOCIATION
MEMBERSHIP APPLICATION**

APPLICANT'S INFORMATION			
Company Name:		Contact Person:	Title:
Mailing Address	Street:	City/State:	ZIP Code:
Street Address	Street: (If same as Mailing Address, write "Same")	City/State:	ZIP Code:
Phone Number(s)	Office:	Cell: (Optional)	Fax: (Optional)
Email Address:		Web Site: (Optional)	
TYPE OF MEMBERSHIP APPLIED FOR* (Check only one box)			
<input type="checkbox"/>	General Contractor**	<input type="checkbox"/>	Sub contractor**
<input type="checkbox"/>		<input type="checkbox"/>	Associate
Type of Business: (Associate Member Applicants Only)			
<input type="checkbox"/>	Architect	<input type="checkbox"/>	CPA
<input type="checkbox"/>	Attorney	<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Banking/Mortgage	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Building Materials	<input type="checkbox"/>	Land Development
			Real Estate
			Other (Specify)
METHOD OF PAYMENT***			
(Check only one box and indicate the amount in the space provided) See page 3 for Dues calculations			
<input type="checkbox"/>	Dues included with insurance program billing. \$	<input type="checkbox"/>	Dues paid directly to ACCA \$
NOTES: * Membership subject to approval by the ACCA ** Membership is open only to contractors insured by a ACCA financial program. If you qualify as a General Contractor and a Sub Contractor, select General Contractor and calculate payment below as such. *** Dues cover the 12- month period commencing with acceptance of membership			
APPLICANT'S REFERENCES			
Who referred you to the ACCA? (Name & Company)			
Who is your general liability insurance agent? (Name & Company)			
If you are applying for an Associate Membership, list up to three additional referrals that we may contact for references (Name , Company, Phone Number)			
1			
2			
3			
APPLICANT'S STATEMENT			
I hereby apply for membership in the American Cartage and Contractors Association (ACCA) and agree to pay the membership dues indicated by the calculation worksheet below. I recognize that membership is limited to individuals and organizations who meet the terms and conditions of membership as set forth herein, or as maybe modified by, the leadership of the ACCA.			
Name:		Signature:	Date:

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By completing this application you agree with and will make every effort to comply with our principles. When completing this application, NEATLY print or type your information into the application on pages two and three. ALL fields in the section "APPLICANT'S INFORMATION" are mandatory entries unless indicated otherwise with the word "Optional". Please read further instruction below as they apply to you.

APPLYING THROUGH AN INSURANCE PROGRAM

This application should be completed by the applicant and submitted through an insurance retail agency. If the applicant does not have an email address, he / she may use their retailer's email address. Membership to the ACCA **will not** be granted if the mandatory fields are not completed. This may have an impact on your policy binding with some insurance carriers. If applicant chooses to remit membership dues through the insurance billing process they may do so, otherwise the applicant should submit payment over the phone at 214-382-2459, or by check or money order payable to "ACCA" and mail to ACCA P.O. Box 560307, Dallas, TX 75356-0307. The applicant's preference must be checked on the application.

APPLYING OUTSIDE AN INSURANCE PROGRAM

Membership to the ACCA **will not** be granted if the mandatory fields are not completed. After completing, return the last two pages of the application by fax 214-951-1920 or email applications@accassociation.com. Submit payment over the phone at 214-382-2459, or by check or money order payable to "ACCA" and mail to ACCA P.O. Box 560307, Dallas, TX 75356-0307

FOR ACCA OFFICIAL USE ONLY			
Application Received Date:	Payment Received Date:	Membership Reviewed By:	Approved / Disapproved
Welcome Letter / Certificate sent on:	Username Assigned:	Password Assigned:	Application Filing Date:
Administrator's Name:	Administrator's Signature:	Date:	

MEMBERSHIP DUES CALCULATION WORKSHEET

GENERAL CONTRACTOR

Calculate the dues amount using the formula below. Enter the amount in the "Method of Payment" section above. Effective 2/1/2008 there is a minimum dues amount of \$250.

Gross Sales (Column A)	Dues Factor (Column B)	Amount Due Column (A x B)
\$	0.14%	\$

SUB CONTRACTOR

Calculate the dues amount using the formula below. Enter the amount in the "Method of Payment" section above. Effective 2/1/2008 there is a minimum dues amount of \$250.

Gross Sales (Column A)	Dues Factor (Column B)	Amount Due Column (A x B)
\$	0.18%	\$

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ASSOCIATE

Enter the amount due in the "Method of Payment" section above that corresponds to the number of employees in your company.

Number of Employees	Dues Factor	Amount Due
1 - 20	N/A	\$ 500
21 - 50	N/A	\$ 1,000
51 - 100	N/A	\$ 2,500
Over 100	N/A	\$ 5,000