



PO BOX 216, Canton, MS 39046
lspivey3@hotmail.com

APPLICATION FOR MEMBERSHIP

Company Name: _____

Name and Title of Representative: _____

Name and Title of Representative (2nd rep): _____

Mailing Address (include zip): _____

Physical Address (include zip): _____

Business Phone: _____ Business Fax: _____

Email Address: _____ Email (2nd rep): _____

Company Owner: _____ Website Address: _____

Principal Type of Business (plumbing, roofing, painting): _____

Year Business Established: _____ Number of Employees: _____ Sales Volume: \$ _____

ASA Sponsor (name of individual/company who referred you to ASA): _____

____ (*INITIAL*) - *I am an active subcontractor, material supplier or professional associate to the industry in the Mississippi area.* I hereby apply for a membership in the American Subcontractors Association - Mississippi chapter. I am an active subcontractor, material supplier or professional associate to the industry in the Mississippi area and **agree to conform with the bylaws and policies of the association.** (*Bylaws and policies can be found in the 'About Us/Membership' section of www.subcontractorsmississippi.com*) I hereby request that ASA-Mississippi Chapter send communications advertising its products, goods and services to my company's fax machine and/or to the email address listed above until such date that I, or my company, notifies ASA otherwise.

Signature: _____ Date _____

The ASA membership year is July 1 - June 30.

ANNUAL DUES
FLAT RATE FEE \$995

\$131.75 of your dues funds legislative activities, therefore is not tax deductible as a business expense under lobby tax rules.

Return this application along with a check to address above or email the application to lspivey3@hotmail.com and an invoice that can be paid online will be sent to you.