

**ASSOCIATED BUILDING CONTRACTORS
OF THE TRIPLE CITIES, INC.
15 BELDEN STREET, BINGHAMTON, NY 13903
Phone 607-771-7000 Fax 607-771-7001**

APPLICATION FOR MEMBERSHIP

COMPANY _____

ADDRESS _____

(# and Street)

(PO Box #)

(City)

(State)

(Zip)

PHONE _____ FAX _____

(Area Code)

(Area Code)

E-MAIL ADDRESS _____ WEB PAGE _____

TYPE OF
BUSINESS _____

CONTACT PERSON _____

OFFICERS, DIRECTORS & SHAREHOLDERS _____

I (we) agree the annual dues for Membership will be \$ _____

Enclosed please find \$ _____ for my first years dues.

(Signature) (Title) (Date)

Referred by: _____

This application is subject to approval of the Board of Directors of the Associated Building Contractors of the Triple cities, Inc. Further, should you at any time decide to cancel or not renew your membership, notification of such must be presented in writing to the association management on or before January 31st.

Annual Dues: \$500.00

Associates:\$375.00