



INDUSTRY PARTNER APPLICATION

GENERAL CONTRACTORS ■ PUBLIC AGENCIES ■ PRIVATE OWNERS

COMPANY NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ WEBSITE _____

MEMBERSHIP CATEGORY GENERAL CONTRACTOR PUBLIC AGENCY PRIVATE OWNER

TYPE OF CONTRACTOR, OWNER, OR AGENCY _____

PEOPLE DESIGNATED TO ATTEND ASA FUNCTIONS

PRIMARY CONTACT _____ EMAIL _____

OTHER _____ EMAIL _____

OTHER _____ EMAIL _____

OTHER _____ EMAIL _____

Attach 2nd sheet if needed to add more names

INVOICE CONTACT _____ EMAIL _____

COMPANY / AGENCY OFFICERS

NAME _____ TITLE _____

NAME _____ TITLE _____

FIRST LEARNED OF ASA FROM _____

In applying for ASA membership in the Industry Partner category, I hereby acknowledge my understanding that Industry Partners are not eligible to vote in association matters, nor may their representatives hold a seat on the ASA Board of Directors.

I hereby request that ASA send communications advertising its products, goods, and services to my company via fax and/or email until such date that I or my company / agency notifies ASA otherwise.

ASA has my permission to publish photographs of company / agency representatives or officers on the association's website or in its newsletter.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____

ANNUAL CONTRIBUTION: \$1,750.00

[Not deductible as a charitable contribution, but may be deductible as an ordinary business expense.]

Send application with check payable to Associated Subcontractors Alliance to: P.O. Box 600723, San Diego, CA 92160