



## APPLICATION FOR MEMBERSHIP

Type of Membership: (Please check one)

\_\_\_\_\_ Active Members- General Contractors/Construction Management Firms

\_\_\_\_\_ Associate Members – Sub-Contractors/Specialty Contractors

\_\_\_\_\_ Affiliate Members – Suppliers

\_\_\_\_\_ Affiliate Members – Service Providers

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Do you have a home office/headquarters outside of the Philadelphia/ Delaware Valley area?

If yes, please complete

Headquarters Address:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



**Key Representatives:**

President/CEO: \_\_\_\_\_ e-mail: \_\_\_\_\_

Executive Assistant: \_\_\_\_\_ e-mail: \_\_\_\_\_

Vice President/COO: \_\_\_\_\_ e-mail: \_\_\_\_\_

Director of Business Development: \_\_\_\_\_ e-mail: \_\_\_\_\_

(\*must be completed) Financial/Billing Contact:

\_\_\_\_\_ email: \_\_\_\_\_

Marketing/Communications Director: \_\_\_\_\_ e-mail: \_\_\_\_\_

Contact for Labor Relations : \_\_\_\_\_ e-mail: \_\_\_\_\_

Safety Director: \_\_\_\_\_ e-mail: \_\_\_\_\_

**If applying for Active or Associate Membership, what was your last fiscal year gross volume?**

**\$** \_\_\_\_\_

**Company is:**

\_\_\_\_\_ Individually Owned Business \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

**State of firm's incorporation:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_ **Year Business Started:** \_\_\_\_\_



**Trades employed by the applicant (please check all that apply, do not leave blank):**

- Carpenters**
- Cement Masons**
- Drywall Finishers**
- Laborers**
- Operating Engineers**
- Iron Workers Local 405**
- Other Trades: \_\_\_\_\_**
- Does Not Apply/Do Not Directly Hire Labor**

**Trades applicant wishes to assign GBCA bargaining rights (please do not leave blank):**

- Carpenters**
- Cement Masons**
- Drywall Finishers**
- Laborers**
- Operating Engineers**
- Iron Workers Local 405**
- Does Not Wish to Assign Bargaining Rights**
- Does Not Apply**

**Is your company/firm a Certified Minority or Women's Business Enterprise (MBE/WBE)?**

**Yes**  **No** (If yes, please submit copy of certificate with this application)

**If yes, list all agencies that have certified your company/firm:**

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List a brief history of the company/firm and the type of work.

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Please select category of expertise. You may select a total of five specialties.

- Construction Services
- Doors and Windows
- Electrical
- Equipment
- Financial Services
- Finishes
- Furnishings
- General Contractor
- General Requirements
- Insurance Provider
- Legal Services
- Masonry
- Masonry Metals
- Mechanical
- Project Management
- Protection
- Site Construction
- Specialties
- Special Construction
- Thermal and Moisture
- Wood and Plastics
- Other: \_\_\_\_\_



Write in areas of specialization expertise:

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Has your company/firm done work with other GBCA members?  Yes  No

If yes, which GBCA members:

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Were you referred to join GBCA by a GBCA member?  Yes  No

If yes, which GBCA member: \_\_\_\_\_

Do you currently receive GBCA notices, e-mails and/or publications?  Yes  No

*Membership is contingent on proof of bonding for contractor members and approval by the Board of Directors. For active and associate members, dues are determined by a company's prior year gross volume including the company's participation in joint ventures. Affiliate members' dues are a flat fee. Contact the GBCA Membership Office for more dues information.*

I hereby make an Application for Membership in your Association and, if accepted, agree to abide by the Bylaws, rules and regulations thereof and all amendments thereto.

The Applicant further agrees, if accepted, to pay all costs of membership from the date of acceptance of this application to effective date of its resignation, as prescribed in Article V, Section 8 of the Bylaws, including, but not by way of limitation, membership dues, assessments, and other charges imposed at any time, and authorizes and empowers the association to collect said costs of membership by legal process, if necessary, in the event of a default in the payment thereof.

By submitting this form, I agree to the Terms and Conditions of this Membership Application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Please submit completed form:**

**By e-mail:**                    [aliberto@gbca.com](mailto:aliberto@gbca.com)

**By standard mail:**        **GBCA, 36 S. 18<sup>th</sup> St., Philadelphia, PA 19103**

**For questions or more information, please contact Anne Liberto, Director of Membership Development & Services.**