



Akron's Oldest & Largest Construction Industry Trade Association

Membership Application

I am hereby applying for membership to the Subcontractors Association of Northeast Ohio. I agree to abide by and comply with all the rules and regulations contained in the Subcontractors Association bylaws. I understand that the annual dues payment entitles me to membership in the association and the National Subcontractors Alliance as well as access to all benefits, programs, and services including the monthly Newsletter, the Hard Hat Voice.

Subcontractors Association of Northeast Ohio

Annual Dues \$670.00

Company Name: _____ Referred By: _____

Primary Contact: _____ Job Title: _____

Business Type: Subcontractor Supplier Other

Mailing Address: _____ Shipping Address (if different) _____

Phone: _____ Fax: _____

E-mail: _____ Web Address: _____

Please check primary trade: **(Please check one box)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Attorney/Const. Law | <input type="checkbox"/> Drywall/Plastering | <input type="checkbox"/> Metals |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Electrical | <input type="checkbox"/> Paint Decorate |
| <input type="checkbox"/> Bonding/Insurance | <input type="checkbox"/> Excavating/Earth Mov. | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Environment | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Flooring | <input type="checkbox"/> Waterproof |
| <input type="checkbox"/> Conveying Systems | <input type="checkbox"/> Glass Glazing | <input type="checkbox"/> Wreck/Demolition |
| <input type="checkbox"/> Computer Facilities | <input type="checkbox"/> HVAC/Mechanical | <input type="checkbox"/> Other: Describe _____ |
| <input type="checkbox"/> Doors/Hardware | <input type="checkbox"/> Insulation | |

Business Type: Subcontractor Supplier / Vendor General Contractor

Other Describe: _____

Please list any secondary types of business: _____

Number of years in business _____ Workers' Compensation Policy Number _____



Are you currently in a Group Rating Program? Yes No

If yes, who is your group rating program with? _____

On average how many people does your company employ?

Less than 10 10-19 20-39 40-74 75-99 100-150 More than 150

Does your company bid on Federal and/or State Construction Projects? Yes No

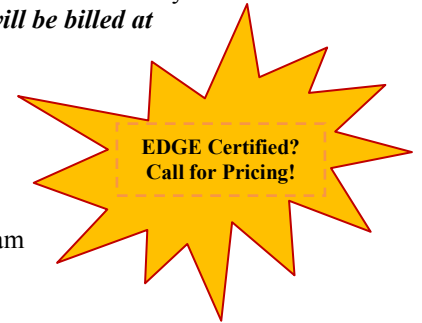
Dues Information:

Yearly dues for the Subcontractors Association of northeast Ohio are \$670.00 for all companies, regardless of said applying companies size or yearly income. All memberships not paid for by or on the due date will lose all benefits and services. Memberships always run from June 1 to May 31.

Benefits and services of membership will not begin until payment is made. Renewal date will be June 1st of every year. First year memberships must be paid in full, regardless of month joined. First renewal year will be prorated based on the original month (date) joined. ***Each subsequent renewal will be billed at the full renewal cost.***

EDGE Certified businesses – Please call the office at 330-762-9951, ext. 11

to find out what paperwork is required to submit to receive membership under EDGE Program



By my signature, I subscribe to the objectives of the Subcontractors Association of Northeast Ohio

Signature: _____ **Date** _____

Method of Payment:

Master Card Visa Discover American Express Check # _____

Credit Card # _____ Expiration Date: _____

Cardholder's Name: _____

Authorized Signature: _____

Please send completed form with dues payment to:

Subcontractors Association of Northeast Ohio
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Phone: 330-762-9951 Fax: 330762-9960
E-mail: operations@saneo.com