



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 \$790.00**

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

Method of Payment:

Master Card Visa Discover American Express Check # _____

Credit Card # _____ Expiration Date: _____

Cardholder's Name: _____

Authorized Signature: _____

Please send or fax completed form with dues payment to:

Subcontractors Association of Northeast Ohio
637 V. Odom Blvd.
Akron, Ohio 44307
Phone: 330-762-9951 Ext. 11
Fax: 330-762-9960
E-mail: administrator@saneo.com

Our Business is Helping You Do Yours!