

APPLICATION FOR <u>REGULAR</u> MEMBERSHIP

(General Contractors and Construction Managers who are engaged in public and/or private construction projects.)

The undersigned hereby applies for Regular Membership in the Greater Peoria Contractors & Suppliers Association, Inc., as is provided for in the Constitution and Bylaws of said Association.

General Contractor	Design Builder	Construction Manager
le employ members of the followir	ng local building trades – Check e	each union
Asbestos Workers #17 Boilermakers #60 Bricklayers #6 Carpenters #237 Cement Masons #18-12 Electricians #34 Elev. Const #55 Ironworkers #112	Laborers #165 Laborers #231 Millwright #1693 Operating Engineers #649 Painters & Glaziers DC 30 Plasterers #18-12 Plumbers #63 Roofers #69	 Sheetmetal #1 Sprinklerfitters #669 Steamfitters #353 Teamsters #627 Terrazzo Mason/Grinder #6 Tilelayers #6 Tile & Marble Masons #6
ocal Contact Name:	_	
Billing Contact Name:	email	
Vebsite:		
ddress		
City:	St	ate:
ity:		



DUES SCHEDULE REGULAR MEMBERS

COMPANY NAME: _____

"Dues, assessments, and similar payments to the Greater Peoria Contractors & Suppliers Association are not deductible as charitable contributions for federal income tax purposes, however, they may be tax deductible as ordinary and necessary business expenses except for 6% of the annual payment determined to be allocable to lobbying expenditures."

GPCSA ANNUAL MEMBERSHIP DUES -

Based on Your Company's Estimated Volume for the Last Current Fiscal Year

 Under \$1 million	\$ 710.00
 \$1 million to \$2 million	\$1,050.00
 \$2 million to \$3 million	\$1,720.00
 Over \$2 million	\$2,400.00
 ELECTRONIC PLAN ROOM**	\$ 680.00

(*Optional & includes the use of the Plan Room)

Please place a checkmark at the dues line, then if you want the optional plan room, mark the line of service that your company would like to be enrolled.

** Your company must be a member of GPCSA to enroll in the optional Plan Room feature.

Note: A new member's initial payment will be prorated. All dues and fees will be billed annually after the initial payment.



BRIEF SUMMARY OF NEW MEMBERSHIP APPLICATIONS

COMPANY NAME:	
BRIEF DESCRIPTION OF YOUR COMPANY: _	
EXPECTATIONS OF WHAT YOUR COMPANY	EXPECTS THE ASSOCIATION TO PROVIDE
ADDITIONAL INFORMATION:	
	OUT THE GPCSA BOARD OF DIRECTORS
I AM INTERESTED IN LEARNING MORE ABO AND/OR COMMITTEE WORK:	OUT THE GPCSA BOARD OF DIRECTORS
AND/OR COMMITTEE WORK:	

D PLAN ROOM /TECHNOLOGY