

## Membership Type

Please select the appropriate membership classification:

- CONTRACTOR:** Highway, heavy, or transportation contractor
- ASSOCIATE:** Non-contractor interested in the welfare and aims of the association

The applicant will be entitled to all the privileges, benefits, and services offered by the association and will abide by its bylaws. Dues will be paid annually in advance. Membership will continue from year to year unless cancelled in writing and dues are satisfied in accordance with the bylaws.

## Company/Organization Information

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

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

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

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

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

## Principals

List all executive officers for corporations and partners for partnerships. (Please include additional pages if needed.)

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

Title: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

Please include additional pages if needed.

## Nature of Business (briefly describe the nature of your business)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Brief Description (Brief description to be printed in Membership Directory. Maximum 5 words or 70 characters)

\_\_\_\_\_

## In which PennDOT Districts does your company work: (check all that apply)

- District 1-0     District 2-0     District 3-0     District 4-0     District 5-0     District 6-0
- District 8-0     District 9-0     District 10-0     District 11-0     District 12-0

(Page 2 on Reverse Side)

## Primary Contact

Association communications (including billing information) will be addressed to this individual.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

(An email address is required for member's primary contact.)

Phone (if different than the company phone): \_\_\_\_\_

Fax (if different than the company fax): \_\_\_\_\_

## Additional Contacts

(will receive news and promotional materials sent via email)

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

Title: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

Please include additional pages if needed.

## DUES STRUCTURE

### CONTRACTOR MEMBERS

First year's dues for contractor members is \$875 (prorated\*). Following the first year of membership, dues are based on the total volume of work contracted during the highest of the preceding two years in accordance with the schedule below. Volume of work contracted includes highway, heavy, airport, and transportation construction contracts or subcontracts for all state, local, and federal agencies.

Minimum dues ..... \$875

Volume of Work	Dues	Volume of Work	Dues
\$250,000 - \$2.25 million	\$Awarded - \$250,000 × .11% + \$1,100	\$80 - \$90	\$20,000
\$2.25 - \$20 million	\$Awarded - \$2.25 million × .0545% + \$3,100	\$90 - \$100	\$20,750
\$20 - \$30 million	\$15,500	\$100 - \$110	\$21,500
\$30 - \$40 million	\$16,250	\$110 - \$120	\$22,250
\$40 - \$50 million	\$17,000	\$120 - \$130	\$23,000
\$50 - \$60 million	\$17,750	\$130 - \$140	\$23,750
\$60 - \$70 million	\$18,500	\$140 - \$150	\$24,500
\$70 - \$80 million	\$19,250	\$150 million and above	\$25,000

In addition, Contractor Members are required to donate a minimum of \$500 annually to the APC Educational Trust Fund.

### ASSOCIATE MEMBERS

Associate Membership is a flat fee of \$880 per year (prorated\*).

#### FOR APC OFFICE USE ONLY

Date application approved \_\_\_\_\_

\_\_\_\_\_  
APC Executive Vice President

\* Once an application is submitted, APC will contact you regarding the amount owed. Dues are prorated based on a fiscal year from December 1 through November 30.

By signing below you verify that all information is accurate, and you agree to the dues structure detailed above.

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_