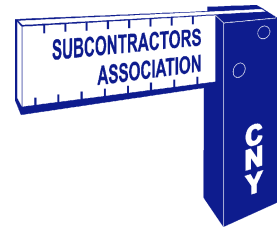


Subcontractors Association of Central New York
523 East Genesee Street
Fayetteville, New York 13066
(315)637-7782 Phone
(315)637-7783 Fax



APPLICATION FOR MEMBERSHIP

The Company hereby applies for membership into the Subcontractor's Association of Central New York and agree to conform to the bylaws of the association.

Name of Company: _____
(Please type/ print)

Address: _____

City/State: _____ ZIP _____

Telephone Number: _____ FAX: _____

E-Mail Address _____

Principle type of Business: (Percent of Gross Income)
Subcontractor _____% Material Supplier _____% Retail _____%
General Contracting or Developer _____% Other (specify) _____%

Exact Nature of Business: _____

The annual dues payment of \$390.00 must be enclosed with this completed membership application. Dues will increase a minimum of \$5.00 per year. The total dues payment is required with the Membership Application. A pro-rated amount based on the membership month is charged for dues in the second year of membership. (*\$50.00 of the dues is paid for membership in the Empire State Subcontractors Association, our State Affiliate, and \$345.00 remains with SACNY.*)

The following people will represent us in all matters pertaining to our membership in the association and have full authority to do so.

Representative: _____ Title: _____

Alternate Rep.: _____ Title: _____

Company Official Signature: _____ Date: _____

Sponsored By: Name; _____ Company _____

**PLEASE INCLUDE THE SACNY CHAPTER MEMBER NAME AND COMPANY
SPONSORING YOUR COMPANY FOR MEMBERSHIP!**

Applications are subject to approval by the Board of Directors.

(Please complete all information on the reverse)

Mail Membership Dues Application Check and completed application to

Subcontractors Association of Central New York
c/o Employee Management Strategies Inc.
523 East Genesee Street
Fayetteville, New York 13066

PLEASE COMPLETE THE FOLLOWING INFORMATION

How many individuals does your company employ on the average? _____

Do you bid on federal and/or state construction? ___ Yes ___ No

Does your firm hold membership in other organizations? ___ Yes ___ No

If yes, please list: _____

Do you hold or have you held an officer or director position with other associations? ___ Yes ___ No

If yes, what positions? _____

Are there members of the United State Congress, New York State Legislature, or local officials whom you know personally? ___ Yes ___ No

If so, please list them _____

Please indicate if you would like to participate on a SACNY committee:

_____ *Legislative* _____ *Membership* _____ *Fund Raising*
_____ *Educational* _____ *Bob Johnson Memorial Golf Outing* _____ *Social*

Why did you join SACNY? _____

What do you want SACNY to do for you? _____

What other information do you want SACNY to know about your Company? _____

**THANK YOU FOR YOUR MEMBERSHIP APPLICATION
IN THE ONLY ORGANIZATION REPRESENTING SUBCONTRACTORS INTERESTS!**