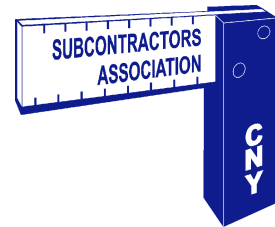


**Subcontractors Association of Central New York**  
**523 East Genesee Street**  
**Fayetteville, New York 13066**  
**(315)637-7782 Phone**  
**(315)637-7783 Fax**



### **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 \$380.00 must be enclosed with this completed membership application. Dues will increase to \$385.00 July 1, 2008. 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 \$330.00 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!**