

AMERICAN SUBCONTRACTORS ASSOCIATION

Membership includes ASA National (VA) ASA California & this chapter...3 entities coming together to support their members.

Est. 1966

MEMBERSHIP APPLICATION

Partnering...the true test of commitment

FIRM NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CONTRACTOR'S LICENSE # _____ CLASSIFICATION _____

Annual Contribution: \$880.00 (Fiscal Year 7/1/20-6/30/21) Make check payable to ASA or American Subcontractors Association. Dues payment is not deductible as a charitable contribution, but may deductible as a business expense, except to the extent that the association participates in lobbying, an amount estimated to be: \$218.00.

☐ LA/Orange County/Inland Empire Chapter: **\$880.00**

Method of Payment: Check _____ Charge My ☐ Visa _____ MasterCard _____ American Express _____

Card Number _____ Zip Code _____

Expiration Date (Month/Year) _____ Code Number _____ Name as it appears on credit card bill _____

Signature _____ Date _____

Please mail your completed Membership Application and Dues Payment to:

American Subcontractors Association
6071 Glenhaven Dr.
Yorba Linda, Ca. 92886

E-Mail: asalaorangeco@gmail.com
Phone: (714) 970.8444
Fax: same



Membership will automatically renew each year unless cancelled in writing.

The association has the right to send communications advertising its products, goods, and services to Member Company's fax machine and/or to the email address listed above until such date as the association is notified otherwise by the member company.

Please state below a one-line description of your business or specialty:

Signature: _____ Title: _____ Date: _____