



**HEAVY
CONSTRUCTORS
ASSOCIATION**

OF GREATER
KANSAS CITY

APPLICATION FOR AFFILIATE MEMBERSHIP

Our firm wishes to join The Heavy Constructors Association as an Affiliate Member.

The annual dues are \$850.00. Our check for \$850.00 is enclosed, along with the completed directory information.

We further understand that this application is subject to the approval of the Board of Directors of the Association. The annual fee henceforth is due and payable on December 15th.

Firm Name

By

Title

Home Chapter Affiliation:

Date: _____



REVISED DATE 1/16



**HEAVY
CONSTRUCTORS
ASSOCIATION**

OF GREATER
KANSAS CITY

Organization Name

Street Address

City

State

Zip

Mailing Address

City

State

Zip

Telephone

Fax

Website URL

Branch Locations (If any)

City

State

City

State

City

State

Materials, Equipment and/or Services Furnished:

Date

Signature

Officers and Representatives

(Print additional Pages if Necessary)

Please note the primary contact will be assigned a user account on the HCA Member Center and will be granted access to make changes to the on-line directory. To be included in the directory or to receive emails for the HCA newsletter or upcoming events please check the boxes on the right for each individual.

Directory *Events* *eNewsletter*

Primary Contact	Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>			
Phone	Email			
<input type="text"/>	<input type="text"/>			
Member Dues Contact	Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>			
Phone	Email			
<input type="text"/>	<input type="text"/>			

Contact	Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>			
Phone	Email			
<input type="text"/>	<input type="text"/>			

Contact	Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>			
Phone	Email			
<input type="text"/>	<input type="text"/>			

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<input type="text"/>	<input type="text"/>			
Phone	Email			
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<input type="text"/>	<input type="text"/>			
Phone	Email			
<input type="text"/>	<input type="text"/>			

Contact	Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>			
Phone	Email			
<input type="text"/>	<input type="text"/>			

OFFICIAL USE	DUES RECEIVED _____ DATE ___ / ___ / ___	NOTES
AMO _____	DATE ___ / ___ / ___	USER ID ASSIGNED _____
	MEMBER PACKET _____	DATE ___ / ___ / ___