

KANSAS CONTRACTORS ASSOCIATION

800 SW Jackson, Suite 100
TOPEKA KS 66612



TEL (785) 266-4152
FAX (785) 266-6191
www.webuildkansas.com

Membership Application-For Contractors

Please complete the following form and mail or fax to: Kansas Contractors Association
800 SW Jackson, Suite 100, Topeka, KS 66612 or e-mail to jlane@webuildkansas.com

Full Company Name: _____ Date Founded: _____

Street Address: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Main Contact's Name: _____ Title: _____

Email Address: _____ Website Address: _____

Training Contact's Name: _____ Email Address: _____

Owners, Officers, Partners in Company: Title: Email Address:

Type of Construction Performed by Company: _____

Occupational Division you wish to be assigned (Check one only please):

____ Utility Infrastructure ____ Grading and Railroads ____ Rigid Paving (Concrete) ____ Structures

____ Aggregate Production and Light Type Surfacing ____ Landscaping ____ Flexible Paving (Asphalt)

Is your company a Chapter Member of another AGC Chapter or Branch? Yes _____ No _____

If "yes," what AGC Chapter or Branch? _____

How did you learn about the KCA? _____

Are you a member of the Heavy Constructors Association of Kansas City? _____

DUES: Base dues for contractors is \$1,500 for the first year. After the first year, and subsequent years, dues will consist of \$1,500 plus a modifier calculated on the volume of work in Kansas the previous year. If you join mid-year, minimum dues will be prorated. *For federal income tax purposes, membership dues and contributions to the Kansas Contractors Association, Inc. are deductible as a business expense not as a charitable contribution.*

I agree to pay all dues assessed by the Kansas Contractors Association, Inc. and to abide by the Bylaws and Articles of Incorporation, including all amendments thereto. I understand that by providing my mailing address, email address, telephone number and FAX number, I consent to receive communications sent by or on the behalf of the Kansas Contractors Association, Inc. via regular mail, email, telephone or FAX. **Please note: a 2% service fee is added to all credit card transactions.**

Date: _____ Signed: _____

Title: _____ Printed Name: _____

Credit Card # _____ Exp Date: _____ MC _____ Visa _____

Name on Card: _____ CVV: _____ Please Invoice: _____

KCA OFFICE USE ONLY

Dues Paid Amount: _____ Date: _____