

| AFFILIATE MEMBERSHIP APPLICATION | | | | | | | | |
|--|-----------|-------------------------|---------------------------------|---------|--|--|--|--|
| Company Name | | Y | Year Established | | | | | |
| Address | | c | City / State / Zip | | | | | |
| Telephone | | | Fax* | | | | | |
| Web Site | | Principal Officer(| r(s) | | | | | |
| Primary Contact for CEA | | | E-mail Address | | | | | |
| Check All that App | ly: | | | | | | | |
| MBE | FBE | Certified Cleveland SBE | Other Special Status (Specify): | | | | | |
| Applicants must be referred for CEA membership by two CEA Regular Members. | | | | | | | | |
| Referral Name: | | Company Nan | ime: | | | | | |
| Referral Name: | | Company Nan | ime: | | | | | |
| List two recent job | DS: | | | | | | | |
| Project/Location: | | | _ Owner: | | | | | |
| Project/Location: | . <u></u> | | Owner: | (OVER)→ | | | | |

| CEA DUES | | | | | | |
|----------|----------------|--------------------------|-----------------|--|--|--|
| | Half-Year Dues | | | | | |
| | Annual Dues | (if applying July-Sept.) | Application Fee | | | |
| | \$1,000.00 | \$500.00 | \$300.00 | | | |

Make your check payable to: Construction Employers Association.

THIS FIRM CERTIFIES THAT THE FOREGOING STATEMENTS ARE CORRECT AND AGREES, IF ELECTED TO MEMBERSHIP, TO ABIDE BY ALL RULES AND REGULATIONS OF CEA NOW IN FORCE AND THAT MAY BE PROPERLY ADOPTED.

| Signed by: | Printed Name: | | | | | |
|---|---------------|--|--|--|--|--|
| Date: | Referred By: | | | | | |
| Note: Dues paid to the Construction Employers Association and affiliated trade associations are not considered a charitable | | | | | | |

tax deduction. A portion of your dues are considered a lobbying expenditure and not deductible for tax purposes. We have estimated 10% of the amount of dues allocable to lobbying expenses. However, they are generally considered an ordinary and necessary business expense subject to the above rules.

| FOR ASSOCIATION USE ONLY | | | | | | | | |
|-----------------------------|----------|-------------|-------|--|--|--|--|--|
| Date application received: | | | | | | | | |
| Recommended by: | | | | | | | | |
| Decision on CEA Membership: | Approved | Disapproved | Date: | | | | | |
| Notes: | | | | | | | | |
| | | | | | | | | |



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