

AFFILIATE MEMBERSHIP APPLICATION

Company Name _____ Year Established _____

Address _____ City / State / Zip _____

Telephone _____ Fax* _____

Web Site _____ Principal Officer(s) _____

Primary Contact for CEA _____ E-mail Address _____

Check All that Apply:

MBE

FBE

Certified Cleveland SBE

Other Special Status (Specify):

Applicants must be referred for CEA membership by two CEA Regular Members.

Referral Name: _____ Company Name: _____

Referral Name: _____ Company Name: _____

List two recent jobs:

Project/Location: _____ Owner: _____

Project/Location: _____ Owner: _____

(OVER)→

CEA DUES

Annual Dues	Half-Year 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 associations are not considered a charitable tax deduction. However, they are generally considered an ordinary and necessary business expense subject to the above rules. Up to 50% of membership dues may be used for exempt function activities, either lobbying or political campaign expenditures, and are not deductible for tax purposes.

FOR ASSOCIATION USE ONLY			
<i>Date application received:</i>			
<i>Recommended by:</i>			
<i>Decision on CEA Membership:</i>	<i>Approved</i>	<i>Disapproved</i>	<i>Date:</i>
<i>Notes:</i>			