



Subcontractors Association of Western New York

Membership Application

I am hereby applying for membership to the Subcontractors Association of WNY and agree to abide by and comply with all rules and regulations contained in its bylaws.

Annual Dues of \$ 365.00

Company name: _____

Primary contact name: _____

Job Title: _____

Business Type: Subcontractor Supplier Other

Mailing Address: _____

Phone: _____ Fax: _____

E-mail and/or Web Address: _____

Who referred you to SAWNY? _____

Please check one primary trade:

- | | | |
|--|--|---|
| <input type="checkbox"/> Attorney/Const. Law (ATT) | <input type="checkbox"/> Electrical (ELE) | <input type="checkbox"/> Metals (MET) |
| <input type="checkbox"/> Banking/Financial (BNK) | <input type="checkbox"/> Excavating/Earth Mov. (EXC) | <input type="checkbox"/> Other (OOO) |
| <input type="checkbox"/> Bonding/Insurance (BON) | <input type="checkbox"/> Environment (ENV) | <input type="checkbox"/> Paint/Decorate (PAD) |
| <input type="checkbox"/> Carpentry (CAR) | <input type="checkbox"/> Fire Protection (FPN) | <input type="checkbox"/> Plumbing (PLU) |
| <input type="checkbox"/> Communications (COM) | <input type="checkbox"/> Flooring (FLO) | <input type="checkbox"/> Roofing (ROO) |
| <input type="checkbox"/> Concrete (CON) | <input type="checkbox"/> Glass/Glazing (GLA) | <input type="checkbox"/> Supplier (SUP) |
| <input type="checkbox"/> Conveying Systems (CVS) | <input type="checkbox"/> HVAC/R (HVA) | <input type="checkbox"/> Waterproof (WAT) |
| <input type="checkbox"/> Computer Facilities (COF) | <input type="checkbox"/> Insulation (INS) | <input type="checkbox"/> Wreck/Demo (WRE) |
| <input type="checkbox"/> Doors/Hardware (DAH) | <input type="checkbox"/> Masonry (MAS) | |
| <input type="checkbox"/> Drywall/Plaster/Ceiling (DPA) | <input type="checkbox"/> Mechanical (MAC) | |

Average number of employees (office and field personnel):

- | | | |
|--------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1-5 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 151-300 |
| <input type="checkbox"/> 6-10 | <input type="checkbox"/> 51-100 | <input type="checkbox"/> 300+ |
| <input type="checkbox"/> 11-25 | <input type="checkbox"/> 101-150 | |

Company description and check list: (check all that apply)

- | | |
|------------------------------|---------------------------------------|
| <input type="checkbox"/> WBE | <input type="checkbox"/> Family-Owned |
| <input type="checkbox"/> MBE | <input type="checkbox"/> DBE |

When was the company founded? _____

What is your company's primary work arrangement?

- Subcontractor under traditional general contractor agreement (SUG)
- Subcontractor under a construction manager (SUM)
- Prime contractor under a construction manager (PUM)
- General contractor under contract with the owner (PUO)

Primary work field:

- Commercial
- Residential
- Government
- Institutional

SAWNY committees or issues interested in:

- Government relations
- Membership
- Association Services
- Public relations
- Education
- Long Range Planning
- Industry liaison
- Other _____
- Other _____

What other associations are you a member of?

- American Society of Professional Estimators (ASPE)
- Associated Builders and Contractors (ABC)
- Associated General Contractors (AGC)
- Construction Exchange of Buffalo & WNY
- Construction Financial Management (CFMA)
- Construction Specifications Institute (CSI)
- National Association of Home Builders (NAHB)
- Other:

Signature: _____ **Date:** _____

Please send completed form with dues payment to:
Subcontractors Association of WNY
2660 William Street
Cheektowaga, NY 14227
Phone: 875-4627 Fax: 875-4412
www.subcontractorswny.com/