

ANTIGUA AND BARBUDA CONTRACTORS ASSOCIATION

This application is for persons or companies interested in joining the Antigua & Barbuda Contractors Association as a General Member or an Associate Member.

Date:.....

Company name:.....Principal name:.....Position:.....

Address:.....

.....

Phone #:.....Fax #:.....E-Mail:.....

COMPANY PROFILE:

1. Type of company: Limited Liability Partnership Single Proprietorship

2. Years in Business:.....

3. Nature of Business:

General Contractor	<input type="checkbox"/>	Welding	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Painting	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	Mill Work	<input type="checkbox"/>
Roofing Contractor	<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>
Construction Management	<input type="checkbox"/>	Landscape	<input type="checkbox"/>
Steel Erector/Fabricator	<input type="checkbox"/>	Shipping/Brokerage	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>	Importer/Exporter	<input type="checkbox"/>
Hardware Supplier	<input type="checkbox"/>	Other	<input type="checkbox"/>

PROJECTS COMPLETED:

Project Name	Date	Description	Value	Reference Name	Phone #
1.					
2.					
3.					
4.					
5.					

PRINCIPLE PROFILE:

Principle Name: 1).....

Principle Age:..... # of years in Construction Trade:.....

Citizenship: Antigua citizen Antigua work permit

Education: Primary High School Trade University

Degrees/Diplomas	Date	Institution
1.....
2.....
3.....
4.....

PERSONAL REFERENCES:

NAME	COMPANY	PHONE #
1.....
2.....
3.....

Registration fee is EC \$200.00 for General Members. Monthly dues is EC \$100/month.

Registration for Associate Members is EC \$300.00 per annum.

All payments should be made payable to **The Antigua & Barbuda Contractors Association.**
Mailing address: Treasurer Antigua & Barbuda Contractors Association, P.O. Box 400, St. John's, Antigua.

Payment enclosed: Yes No

ACKNOWLEDGEMENT:

We/I hereby affirm that the foregoing statements are true and correct, and that We/I have not knowingly withheld any facts, which may affect our/my membership.

.....
Signature

.....
Date