



Guam Contractors Association

Associate/Allied Membership Application Form

Date Received: _____

Company Name: _____

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

Physical Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Please Print Primary Contact
Name & Title: _____

Please Print Secondary Contact
Name & Title: _____

Authorize Signature: _____

Total Employees:

Type of Business:

Primary Reason to Join Guam Contractors Association:

Please the box that applies to your company:

- Small Business Large Business Woman Owned Business HUBzone Small Business
- Small Disadvantaged Business Veteran Owned Small Business
- Service Disable Veteran Owned Small Business 8(a)Small Business

Associate Monthly Membership Dues

(Please check the box that applies below)

- Annual Contracts/Gross Revenue under \$1,000,000 \$50/Month
- Annual Contracts/Gross Revenue \$1,000,000 to \$5,000,000 \$100/Month
- Annual Contracts/Gross Revenue over \$5,000,000 \$150/Month

ALLIED MEMBERS

(Military, Non Profit Organization, Government of Guam, Trade Business Associations)

Please Note: Advance dues equivalent to One (1) Year membership must accompany application. Upon acceptance, advance dues will be credited toward your annual dues. If application for membership is declined, advance dues will be reimbursed for the full amount. **Membership is automatically renewed annually. Cancellation of membership must be submitted in writing and all dues owed to GCA prior to cancellation must be paid in full.**