



Guam Contractors Association Contractor Membership Application Form

Date Received: _____

Company Name: _____ Guam Contractors License #: _____

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

Contractor Monthly Membership Dues

(Please check the box that applies below)

- | | |
|--|-------------|
| <input type="checkbox"/> Annual Contracts/Gross Revenue Under \$500,000 | \$50/Month |
| <input type="checkbox"/> Annual Contracts/Gross Revenue \$500,000 to \$5,000,000 | \$100/Month |
| <input type="checkbox"/> Annual Contracts/Gross Revenue Over \$5,000,000 | \$250/Month |

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.**