



## 2015-2016 MEMBERSHIP APPLICATION

We hereby apply for membership in the ASA of Baltimore, Inc.  
*Dues are \$1,095.00 per year (July-June) and our membership fee is enclosed.*

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Representative #1 Name/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Representative #1 Name/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business Performed: \_\_\_\_\_

Are you actively doing business in the subcontracting industry? \_\_\_\_\_

If so, with whom? \_\_\_\_\_

Sale Volume: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Referred by: \_\_\_\_\_

*Dues payments are not deductible as a charitable contribution, but may be deducted as a business expense. However, a portion of the dues is not deductible as an ordinary and necessary business expense to the extent that the association engages in lobbying. The non-deductibility portion of the dues is \$131.75.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Form of Payment: Check enclosed for \$\_\_\_\_\_. Make checks payable to ASA of Baltimore, Inc.

VISA / MC / AMEX Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mail to: ASA of Baltimore, Inc. PO Box 43958, Nottingham, MD 21236**

**Email to: [Kristy@ASA-Baltimore.com](mailto:Kristy@ASA-Baltimore.com)**

For additional information, call ASA of Baltimore at 410.344.1470