



601 George Street
 Jackson, MS 39202
 Telephone 601-948-8825
 FAX 601-948-8829

APPLICATION FOR ACTIVE MEMBERSHIP

(Execute and attach check for dues and send to Mississippi Road Builders' Association, Inc.)

We/I hereby, in accordance with ARTICLE III of the By-Laws of the Mississippi Road Builders' Association, Inc. apply for Active Membership in said Association.

It is understood that as a member We/I will be entitled to all the privileges, benefits and services provided by the Mississippi Road Builders' Association, Inc. and we hereby pledge our support in carrying out the policies and by-laws of the Association.

In making this application, which is accompanied by our dues for the current year, all in accordance with ARTICLE VII of the By-Laws of said Association, it is fully understood that the annual membership dues of \$1,500.00 become due and payable January 1st of each year hereafter. The annual membership dues of \$1,500.00 will entitle each Active Member to timely and accurate information regarding our industry along with training opportunities. Participation is also encouraged at regularly scheduled committees, meetings, receptions, and other activities to bring the industry together for networking, knowledge, and education.

In addition, We/I, an Active Member Firm, agree to pay a percentage fee of one-sixth of one percent (1/6 of 1%), all in accordance with ARTICLE VII, Section 1(b) of the By-Laws of said Association, including subcontracts from nonmembers to the Association within sixty (60) days after issuance of the work order. The maximum amount chargeable and due in any one calendar year from 1/6 of 1% is \$20,000.

Dues of an Active Member shall include the percentage fee (1/6 of 1%) calculated on the basis of the amounts of all contracts and sub-contracts awarded to any affiliated contracting unit which is identified with the named member unit or subject to the control of the named member unit.

Please give brief description of the type of work in which your firm is engaged: _____

 Company Name

 Member Firm Representative & Title

 Mailing Address

 City, State, Zip

 Business Phone Number

 Email Address

 Website Address

Application Date: _____

 Signature

References: Please list two (2) MRBA Members:

 Name

 Firm Name

 Name

 Firm Name

Membership Approval Date: _____