



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

**APPLICATION FOR ASSOCIATE 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 Associate 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 \$2,500.00 become due and payable January 1st of each year hereafter. The annual membership dues of \$2,500.00 will entitle each Associate 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.

If an applicant for Associate Membership is affiliated with a contracting operation by reason of ownership or control thereof or substantial interest therein, the acceptance of the applicant as an Association Member will be conditional upon each affiliated contracting unit being or becoming, at the same time, an Active Member of the Association subject to the payment of the percentage fee (1/6 of 1%), all in accordance with ARTICLE VII, Section 2(b) of the By-Laws of said Association. The Associate Member shall, at all events, be liable to the Association for the payment of the percentage fee involved.

Please give a 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: