



# Guam Contractors Association Membership Application Form

Date Received:

Company Name:

Type of Business:

Business Mailing Address:

Phone:  Fax:  Email Address:

Please Print Contact Name & Title:  Date:

Authorize Signature:  Total Employees

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

## Membership Dues

(Please check  the box that applies below)

**CONTRACTOR** Contractor License #:   
 **ASSOCIATE**

- |   |             |
|---|-------------|
| <input type="checkbox"/> Annual Contracts/Gross Revenue under \$500,000             | \$35/month  |
| <input type="checkbox"/> Annual Contracts/Gross Revenue \$500,000 to \$1,000,000    | \$65/month  |
| <input type="checkbox"/> Annual Contracts/Gross Revenue \$1,000,000 to \$3,000,000  | \$105/month |
| <input type="checkbox"/> Annual Contracts/Gross Revenue \$3,000,000 to \$5,000,000  | \$125/month |
| <input type="checkbox"/> Annual Contracts/Gross Revenue \$5,000,000 to \$10,000,000 | \$160/month |
| <input type="checkbox"/> Annual Contracts/Gross Revenue over \$10,000,000           | \$200/month |

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

**Please Note:** Advance dues equivalent to three (3) months membership must accompany application. Upon acceptance, advance dues will be credited toward your first three (3) months 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.