



# Associated Builders and Contractors Hawaii Chapter

1375 Dillingham Boulevard, Suite 200

Honolulu, Hawaii 96817

Office: 808.845.4887 • Fax: 808-847-7876 • www.abchawaii.org

## Membership Application

### Category (check one)

- General Contractor       Sub Contractor       Supplier       Associate

### Business Designations (check all that apply)

- 8(a)       WOSB       SDVOSB  
 MBE       EDWOSB       DBE  
 WBE       VOB       HUBZone

### Company Information

**\*Membership applications will be presented to the Executive Board and reviewed for approval at the next monthly Board meeting.**

Company Legal Name \_\_\_\_\_  
Company name MUST match name listed on the State of Hawaii Professional & Vocational Licensing Search Site

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Office \_\_\_\_\_ Fax \_\_\_\_\_ Company Email \_\_\_\_\_

Contractors License #: \_\_\_\_\_ Type of License: \_\_\_\_\_ In Business Since: \_\_\_\_\_  
Required

Is your Company a Member of another ABC Chapter? If yes, which Chapter: \_\_\_\_\_

Will your company be participating in the ABC Hawaii Apprenticeship Program?     Yes       No

### Your Company Representatives to ABC - Two Contacts Minimum Required

Primary Contact Name & Title \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Contact Name & Title \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Education/Apprenticeship Contact & Title \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Annual ABC Hawaii Membership Directory Participation

- Yes, please include our company information in the annual ABC Hawaii Membership Directory.  
 No thank you, we wish to **OPT OUT** of including our company information in the annual Membership Directory.

### Company Profile

Please provide a brief company description and services provided.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### For ABC Use Only

Company ID #: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**ABC Annual Membership Dues Schedule** *Dues are based on company's annual gross volume for most recent fiscal year*

**General Contractors & Subcontractors**

| Business Volume                                       | Category  | Amount       |
|---|-----------|--------------|
| <input type="checkbox"/> Over \$250 Million           | 14        | \$17,578     |
| <input type="checkbox"/> \$100-\$250 Million          | 13        | \$14,476     |
| <input type="checkbox"/> \$50-\$100 Million           | 12        | \$8,852      |
| <input type="checkbox"/> \$20-\$50 Million            | 11        | \$6,575      |
| <input type="checkbox"/> \$10-\$20 Million            | 10        | \$5,695      |
| <input type="checkbox"/> \$6-\$10 Million             | 9         | \$4,866      |
| <input type="checkbox"/> \$3-\$6 Million              | 8         | \$3,882      |
| <input type="checkbox"/> \$1-\$3 Million              | 7         | \$2,692      |
| <input type="checkbox"/> \$500k-\$1 Million           | 6         | \$1,812      |
| <input type="checkbox"/> \$250,001-\$500,000          | 4         | \$1,191      |
| <input type="checkbox"/> Under \$250,000              | 3A        | \$728        |
| <input type="checkbox"/> <b>**Start-Up Contractor</b> | <b>25</b> | <b>\$673</b> |

**Industry Professional (A)**

Associate Category 1 \$883

**Industry Professional (S)**

Supplier Category 2 \$1,089

**\*\*Start-Up Contractor requirements, must meet all to qualify:**

- 1) In business for (3) three-years or less
- 2) Must provide verification of annual volume of \$500k or less
- 3) Principal owner performs multiple tasks
- 4) NOT a prior ABC member

**Start-Up Contractors are eligible for special dues pricing for a maximum of 24-months.**

*\*Dues are based on annual gross volume for most recent fiscal year.*

Members that belong to another ABC Chapter pay only local chapter dues. New members are required to pay one full year's dues.

• **Members that belong to another ABC Chapter** pay only local chapter dues. Contact the ABC Hawaii Chapter for *chapter only* category rates.

• **New members** are required to pay one full year's dues.

• **Contractor/Subcontractor:** Any member "who is directly involved on-site by providing labor as a contractor or subcontractor to construction projects" or "providing construction type labor" on project maintenance.

• **Associate:** Companies supporting the industry, providing professional type services, who are not involved in providing "construction type labor" on construction projects or project maintenance.

• **Supplier:** A member who is directly involved with supplying materials or equipment to projects, but does not provide on-site construction type labor.

**Who Referred you to ABC?**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

**If you are a returning member, please provide name of ABC sponsor company?**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

**Payment Information**

Dues Amount: \$ \_\_\_\_\_

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Check Enclosed

Visa

Master Card

Cash

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

**Signature REQUIRED to Process Application**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

*ABC dues are not deductible as a charitable contribution for Federal income tax purposes, but may be partially deductible as a business expense. ABC estimates that for 2023, 16.6% of your dues are not deductible because this portion is related to lobbying activities on behalf of members. Please consult your tax advisor for further information.*

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