



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	\$17,000
<input type="checkbox"/> \$100-\$250 Million	13	\$14,000
<input type="checkbox"/> \$50-\$100 Million	12	\$8,550
<input type="checkbox"/> \$20-\$50 Million	11	\$6,350
<input type="checkbox"/> \$10-\$20 Million	10	\$5,500
<input type="checkbox"/> \$6-\$10 Million	9	\$4,700
<input type="checkbox"/> \$3-\$6 Million	8	\$3,750
<input type="checkbox"/> \$1-\$3 Million	7	\$2,600
<input type="checkbox"/> \$500k-\$1 Million	6	\$1,750
<input type="checkbox"/> \$250,001-\$500,000	4	\$1,150
<input type="checkbox"/> Under \$250,000	3A	\$700
<input type="checkbox"/> **Start-Up Contractor	25	\$650

Industry Professional (A)

Associate Category 1 \$850

Industry Professional (S)

Supplier Category 2 \$1,050

****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

*******REQUIRED Signature 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 2022, 14.2% 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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