



ASIAN AMERICAN CONTRACTORS ASSOCIATION

亞裔建築協會

AACA MEMBERSHIP FORM (CAABA DIRECTORY DATA FORM)

[] New Member [] 2007 Membership Renewal

Index No.: _____

Name: _____ Firm Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

Mobile Phone: _____ Pager: _____

E-mail Address: _____ URL Address: _____

Type Of Business (Include areas of expertise & description adequate for use in the CAABA Directory):

SIC #: _____

Year Established: _____ Number of Employees: _____

Market Area by County: _____

Market Sector: Public _____ %, Private _____ %, Prime _____ %, Sub _____ %

Is your firm 51 percent minority owned? [] Is your firm 51 percent woman owned? []

Certification (Please check): [] HRC [] Caltrans [] BART [] RTA [] CPUC [] OSMB [] University of California [] General Services

Other certifications (Specify): _____

The following two lines are optional;

Annual Revenue: 2006 \$ _____ 2005 \$ _____ 2004 \$ _____

Current bond capacity: \$ _____

Membership classification (Please check one):

[] General Member (Licensed Contractor) @ \$225 per year License # _____ License Class(es) _____ [] Associate Member (Construction related) @ \$175 per year

Signature

Title

Date

Referred by: _____

Please return this form and business card with your check made payable to: AACA

Membership Chair ----- David Crain

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San Mateo, CA 94401

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