MARQUETTE BUILDERS EXCHANGE

Application for Membership

I hereby apply for membership in the Marquette Builders Exchange of Marquette, Michigan. I pledge to do all in my power to carry out the objectives of the Marquette Builders Exchange as set forth in its Constitution and to abide by all bylaws and rules of the Exchange, and all amendments thereof, so long as I shall retain my membership.

The form is available online at www.mgtbx.org. Click Membership on the main menu.

COMPANY NAME:		DATE:
ADDRESS:		
CITY, STATE, ZIP:		
DESCRIPTION OF YOUR BU	SINESS: See the categor	ies in the online member directory at www.mqtbx.org
BUILDERS LICENSE #:		If applicable
Does your company have li	iability & workman's (omp insurance? YES NO
MAIN CONTACT - Name &	Title:	
MAIN CONTACT - Email Add	dress:	
PHONE:	CELL:	WEBSITE:
BILLING CONTACT – Name	& Email:	
Other employees to receive	e the weekly newsleti	er:
NAME		EMAIL
REFERRED BY:		
•	•	letter, email updates, and access to the online planroom \$300, Jun-\$265, Jul-\$225, Aug-\$190, Sep-\$150, Oct-\$115
Amount Paid: \$	P	ay by check: Make payable to Marquette Builders Exchange
Pay by credit card: #	_	Exp. date:
Signature:		Card security code:
		(We can call for your security code, if you prefer.)