



MISSISSIPPI ROAD BUILDERS' ASSOCIATION, INC.

601 George Street
Jackson, MS 39202
Telephone 601-948-8825
FAX 601-948-8829

APPLICATION FOR ASSOCIATE MEMBERSHIP

(Execute and attach check for dues and send to Mississippi Road Builders' Association, Inc.)

We/I hereby, in accordance with ARTICLE III of the By-Laws of the Mississippi Road Builders' Association, Inc. apply for Associate Membership in said Association.

It is understood that as a member We/I will be entitled to all the privileges, benefits and services provided by the Mississippi Road Builders' Association, Inc. and we hereby pledge our support in carrying out the policies and by-laws of the Association.

In making this application, which is accompanied by our dues for the current year, all in accordance with ARTICLE VII of the By-Laws of said Association, it is fully understood that the annual membership dues of \$1,500.00 become due and payable January 1st of each year hereafter. The annual membership dues of \$1,500.00 will entitle each Associate Member to updated emails and access to members only section of website. Any firm representatives may be placed upon the Association's paper mailing list at a cost of \$200.00 per name per year.

If an applicant for Associate Membership is affiliated with a contracting operation by reason of ownership or control thereof or substantial interest therein, the acceptance of the applicant as an Association Member will be conditional upon each affiliated contracting unit being or becoming, at the same time, an Active Member of the Association subject to the payment of the percentage fee (1/8 of 1%), all in accordance with ARTICLE VII, Section 2(b) of the By-Laws of said Association. The Associate Member shall, at all events, be liable to the Association for the payment of the percentage fee involved.

Please give brief description of the type of work in which your firm is engaged: _____

Company Name

Member Firm Representative & Title

Signature

Mailing Address

City, State, Zip Code

References:
Please list two (2) MRBA Members:

Business Telephone Number

Name

Business Fax Number

Firm Name

Email Address

Website

Name

APPLICATION DATE: _____

Firm Name

Membership Approved: _____

Make checks Payable to: MRBA and return to 601 George Street, Jackson, MS 39202 – 3016