



MISSISSIPPI ROAD BUILDERS' ASSOCIATION, INC.

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

APPLICATION FOR ACTIVE 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 Active 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 \$1,250.00 become due and payable January 1st of each year hereafter. The annual membership dues of \$1,250.00 will entitle each Active Member to updated emails and website access to members only section. Any firm representatives may be placed upon the Association's paper mailing list at a cost of \$200.00 per name per year.

In addition, We/I, an Active Member Firm, agree to pay a percentage fee of one-eighth of one percent (1/8 of 1%), all in accordance with ARTICLE VII, Section I(b) of the By-Laws of said Association, including subcontracts from nonmembers, to the Association within sixty (60) days after issuance of the work order. The maximum amount chargeable and due in any one calendar year from the 1/8 of 1% is \$15,000.

Dues of an Active Member shall include the percentage fee (1/8 of 1%) calculated on the basis of the amounts of all contracts and sub-contracts awarded to any affiliated contracting unit which is identified with the named member unit or subject to the control of the named member unit.

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