



Contractors Benefit Association

Membership Application

Annual Membership Fee – \$60.00
Return application and membership fee to:

Contractors Benefit Association
P.O. Box 723305
Atlanta, GA 31139-0026

Company Name: _____

Doing Business As: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____ FEIN: _____

Company Principal: _____
Last Name First Name MI

Title within Company: _____

Gender: Male / Female DOB: ___/___/___

Primary Company Contact: _____ Phone: _____

E-Mail: _____

*Your \$60 membership fee entitles the **Company Principal** listed on this application with complete access to all of the benefits Contractors Benefit Association (CBA) offers for one year. In order for any other individuals from your company to have access to CBA benefits, an additional membership application and fee of \$60 per person is required.*

Signature of Applicant Date

To Be Completed By Contractors Benefit Association Administrator Only

Membership Number : _____ NAC Code: _____

Member Code: 01 = Main Membership Effective Date: ___/___/___

Payment Information:

Check Number: _____ Check Amount: \$ _____ Date Rec'd: _____

03/2008