



## 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:** \_\_\_\_\_

06/2023