

P.O. Box 1087 Cedar Park, TX 78630 (512) 255-6373

MEMBERSHIP APPLICATION

Form must be completed and returned with	h dues payment to the address above.	
Payment can be made online at https://squ	uareup.com/store/CTSA	
Name of Company:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Mailing Address:		
City:	State:	Zip:
Texas Construction Association Info:		
Home Address:		
City:	State:	Zip:
Or US Representative District:	Senate District: Texas Repre	esentative District:
This info can be found on http://www.	fyi.legis.state.tx.us/	
Company representatives who would li	ike to receive notices and educationa	al information
1	Email:	
2	Email:	
3	Email:	
4	Email:	
Website Address:		
May we link your company's website a		
Principal Type of Business:		
(Example: Plumbing, Heating, Electrical	l, Painting, etc)	
Year Business Established:	Number of Employees:	
Does a General Contractor own any pa	rt of this business? Yes No	o If yes, what %
Is this company a branch office?		
If so, address of Parent Company:		
Were you referred to CTSA, if so by wh	0?	
Annual Dues of \$600.00(subcontractor) and to Central Texas Subcontractors Associatio		
Signed:	Title:	Date: