



KENTUCKY ASSOCIATION OF HIGHWAY CONTRACTORS
MEMBERSHIP APPLICATION
 ANNUAL MEMBERSHIP DUES - \$600

COMPANY NAME _____
 (List as you want displayed in the KAHC directory including LLC, Inc., Co., etc.)

COMPANY PRIME CONTACT _____ EMAIL ADDRESS _____

COMPANY WEBSITE _____ FACEBOOK _____ TWITTER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE COMPANY ORGANIZED _____ TELEPHONE _____ FAX _____

LIST COMPANY OFFICERS OR PARTNERS: (Name, Title, Email)

LIST SUBSIDIARY AND AFFILIATE COMPANIES

PROVIDE NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS FOR AT LEAST THREE REFERENCES WHO ARE OFFICIALS OR MEMBERS OF COMPANIES THAT BELONG TO KAHC. (If you are unsure of which companies are KAHC members, you can contact the KAHC office for assistance.)

ARE YOU APPLYING AS
 REGULAR MEMBER (section A): Limited to companies prequalified with Kentucky Transportation Cabinet to perform construction projects.
 ASSOCIATE MEMBER (section B): Available to manufacturers and dealers of construction materials and equipment and to those companies engaged in services to or for members and not involved in actual construction.

SECTION A: KAHC REGULAR MEMBER APPLICANTS ONLY

IS THIS COMPANY CURRENTLY PRE-QUALIFIED TO BID WORK WITH KYTC? YES NO If no please contact KAHC.

DATE COMPANY ORIGINALLY PRE-QUALIFIED TO BID WORK FOR KYTC _____

LIST SUBSIDIARY AND AFFILIATE COMPANIES WHO WILL BE PERFORMING WORK FOR KYTC

LIST MAJOR CATEGORIES OF WORK APPLICANT IS PRE-QUALIFIED TO PERFORM FOR KYTC: _____

DESIGNATED VOTING REPRESENTATIVE _____

I/We hereby apply for regular membership, as indicated above, in the Kentucky Association of Highway Contractors (KAHC), and agree to, if accepted, abide by the Articles of Incorporation and By-laws of the Association. I/We further understand that, in addition to the annual dues, regular members are charged percentage dues on all Kentucky Department of Transportation contract awards to the member and its subsidiaries and affiliates at the rate of: 0.10% (.0010) (\$1 per \$1000 in contract awarded). Percentage dues apply to the prime contractor (if a KAHC member) and to sub-contractors (if the prime contractor is not a KAHC member).

NAME OF PERSON SUBMITTING APPLICATION: _____ DATE _____

SIGNATURE _____ TITLE _____

RECOMMENDED/RECRUITED BY _____

A check in the amount of \$600 for the first year's annual dues is required prior to KAHC processing this application.
Please note, membership applications are subject to approval by the KAHC Board of Directors.

RETURN APPLICATION AND \$600 PAYMENT TO:
KENTUCKY ASSOCIATION OF HIGHWAY CONTRACTORS
P.O. BOX 637 FRANKFORT, KY 40602

SECTION B: KAHC ASSOCIATE MEMBER APPLICANTS ONLY

DESCRIBE THE SERVICE(S) THIS COMPANY PROVIDES:

I/We hereby apply for associate membership, as indicated above, in the Kentucky Association of Highway Contractors (KAHC), and agree to, if accepted, abide by the Articles of Incorporation and By-laws of the Association.

NAME OF PERSON SUBMITTING APPLICATION _____ DATE _____

RECOMMENDED/RECRUITED BY: _____

A check in the amount of \$600 for the first year's annual dues is required prior to KAHC processing this application.
Please note, membership applications are subject to approval by the KAHC Board of Directors.

TITLE _____ SIGNATURE _____

RETURN APPLICATION AND \$600 PAYMENT TO:
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