



43636 Woodward Ave. • P.O. Box 3204
 Bloomfield Hills, MI 48302-3204
 (248) 972-1000, Fax 972-1001 • www.cam-online.com



334 South Water Street
 Saginaw, MI 48607
 (989) 754-4872, Fax 989-752-7109

APPLICATION FOR CORPORATION MEMBERSHIP

Firm Name _____

Phone _____ FAX _____

Website: _____ Email: _____

Address _____
(Street)

_____ (City) _____ (State) _____ (Zip Code)

(Mailing Address - If Different from Above)

Contact Name _____ Title _____

Type of Business _____ Company CSI Code _____

President/CEO _____ Chief Estimator _____

Chief Financial Officer _____ Chief Officer of Operations _____

Marketing Manager _____ Educational Contact _____

Advertising Manager _____ Date Organized ____ / ____ / ____

Avg. No. Salaried Employees (choose range)...

1-10 21-30 41-60 71-100 126-150
 11-20 31-40 61-70 101-125 151-200 201 and over

Approximate Sales Volume (choose range)...

\$10,000 - \$50,000 \$250,000 - \$500,000 \$5 million - \$10 million
 \$50,000 - \$100,000 \$500,000 - \$1 million \$10 million - \$20 million
 \$100,000 - \$250,000 \$1 million - \$5 million \$20 million and over

Are you a Woman Business Enterprise? Yes No

Are you a Minority Business Enterprise? Yes No

We hereby make application for membership in the Construction Association of Michigan effective upon receipt of this application by the association. Submitted with this application is our payment for the annual dues and a one time initiation fee. Upon acceptance by the CAM Board of Directors we agree to abide by the association's bylaws.

We understand that to remain a member in good standing, payments for dues and services must be made on or before our expiration date. Failure to do so will result in the cancellation of all CAM member services.

Signed by _____ Title _____ Date ____ / ____ / ____

What is your main reason for joining CAM? _____ How did you hear about CAM? _____

Would you consider serving on a committee? yes no

Approved by _____ Date ____ / ____ / ____

Submitted by _____
(Membership Representative)

FAX TO 248-972-1001



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MEMBERSHIP DUES

Initiation Fee (First Year Only).....\$90.00 **Annual Dues**\$310.00

PROJECT NEWS SERVICES

CONSTRUCTION PRE-VIEW

Weekly Planning/Pre-Bid Reports in Email Format

.....Per Quarter \$78.00

.....Annually \$ 264.00

Email Recipient: _____

CONSTRUCTION PROJECT NEWS

Statewide Edition

Online News

-Per Month \$100.00*
-Per Quarter \$300.00
-Annually \$ 1,200.00

Administrator Name: _____

Email: _____

User #2 Name: _____

Online Planroom, includes project documents

-Per Month \$150.00*
-Per Quarter \$450.00
-Annual \$1,800.00

Email: _____

User #3 Name: _____

Email: _____

Greater Detroit Edition

(Wayne, Oakland, Macomb, Washtenaw, Livingston, Monroe, Genesee, Lapeer and St. Clair Counties)

User #4 Name: _____

Email: _____

Online News

-Per Quarter \$216.00
-Annually \$774.00

User #5 Name: _____

Email: _____



Company Name: _____ Amount: _____

Credit Card # _____ Exp. Date _____

Billing Zip Code: _____ Security Code (3-4 DIGIT CODE): _____

Name on Card _____

Signature _____ Title _____ Date _____

Automatic Payment Plan (*required)

The above card holder authorizes CAM/Tri-Cities to charge the provided credit card for \$_____ per selected billing period. I agree to provide CAM/Tri-Cities two-weeks' notice if I decide to cancel my automatic credit card payments and authorize CAM/Tri-Cities to process a final payment to fulfill by contract obligation through the end of my subscription period. I am also aware that, if my credit card is declined, my service will be cancelled until CAM/Tri-Cities receive an alternate payment or are provided authorization to re-process my credit card. If my credit card is declined two consecutive payments, my automatic payment plan will be cancelled. If I would like to restart the service with an alternate card, I will have to sign a new Automatic Payment Agreement.

For CAM Office Use

Member # _____ Renewal Month: _____ Promo Code: _____ Account Representative: _____