

ARCHITECTURAL PRECAST ASSOCIATION

6710 Winkler Rd., Ste. 8, Fort Myers, FL 33919 • 239/454-6989 • Fax 239/454-6787

PRODUCER MEMBER APPLICATION FOR MEMBERSHIP



Date: _____

Application is hereby made for membership as a Producer Member of the Architectural Precast Association. Applicant hereby agrees to abide by the requirements and conditions of the Articles of Incorporation, Charter, and By-Laws of the Association, and to assist in the attainment of its purposes and objectives by active support and participation in the programs of the Association.

Company: _____ Note: To list subsidiary plants or wholly owned plants in other locations, please use attached sheets and check here []. Mailing Address: _____

_____ Physical Address: _____ City: _____ State: _____ ZIP: _____

Telephone _____ Fax: _____ E-Mail: _____ Website: _____

By: (print name) _____, OFFICIAL REPRESENTATIVE

Signature: _____ Title: _____

SPECIAL NOTE: Membership application should be accompanied by a \$1000 check. This money is used to cover the cost of your initial inspection. Any unused portion will be applied to your dues.

Annual producer dues are based on dollar volume of sales of member companies. If a company has multiple plants; then, volume is based on the total sales of all plants. Dollar volume relates to sales F.O.B. plant(s). Dues amounts include two plant certification inspections per year.

- [] Producer companies with gross sales under \$1,000,000 = \$4,600
- [] Producer companies with gross sales over \$1,000,000 and less than \$3,000,000 = \$5,600
- [] Producer companies with gross sales over \$3,000,000 and less than \$8,000,000 = \$6,100
- [] Producer companies with gross sales over \$8,000,000 = \$7,100.

Note: APA Fiscal Year = January 1 to December 31

Dues may be paid annually or semi annually. A \$100 service charge will be assessed for semi annual payments. You will be invoiced for dues following acceptance as a member.

THIS SECTION RESERVED FOR ASSOCIATION USE

Check received: _____ Amount: _____ Date: _____ Acknowledgement date: _____

Inspection made: _____ Date: _____ By: _____

Board action: _____

< DATABASE

< DIRECTORY

< WEB

PLEASE COMPLETE INFORMATION SECTIONS ON ALL THREE PAGES

PROVIDE THE FOLLOWING INFORMATION FOR ALL MANUFACTURING LOCATIONS

1. ORGANIZATION

- a. Date of Incorporation: _____
Note: Company must have a minimum of three years experience for eligibility
- b. How many years has your organization been in business under its present business name: _____
- c. Under what other or former names has your organization operated: _____

- d. Name and Titles of key company personnel: _____

- e. Number of employees: _____
- f. Number of employees one year ago: _____
- g. List membership(s) in other concrete related trade associations or professional societies: _____

- h. Applicants annual capacity in volume of material production:

	SQ. FT.	CU. YDS.	OTHER
1. Architectural Precast (wet cast):	_____	_____	_____
2. Architectural Precast (dry tamp):	_____	_____	_____
3. Architectural Precast Trim (wet cast):	_____	_____	_____
4. Architectural Precast Trim (dry tamp):	_____	_____	_____
5. GFRC:	_____	_____	_____
6. Other: _____	_____	_____	_____

2 EXPERIENCE

- a. Check the categories of work that your organization normally performs with its own forces, other than precast manufacturing.
Building survey and panel layout: _____
Installation: _____
On site Patching: _____
On site cleaning: _____
On site sealing: _____
On site supervision: _____
In house engineering and drafting: _____
Connection hardware fabrication: _____

b. Claims and Suits:

1. Has your company ever failed to complete any work awarded to it:

2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers: _____

3. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract: _____

c. On a separate sheet, list 5 major construction projects your organization has completed in the past five years, giving the name of the project, owner, architect, general contractor, contract amount, date of completion (include contact names and phone numbers).

d. Average annual amount of work performed during the past five years: _____

e. On a separate sheet, list the position, and construction experience of the key individuals of your organization.

3. REFERENCES

a. Trade References: (Include one cement company)

b. Bank Reference: _____

4. Plant inspection authorization: I hereby grant permission for members of the APA Membership Committee (or others assigned by the committee) to inspect our plant facilities and previously completed projects at a time and date of mutual convenience. I agree to abide by the decision of the inspection committee:

SIGNED: _____ TITLE _____