

FOR OFFICE USE ONLY

Date Submitted: ____/____/____ Initial of Membership and Safety Director: _____
Initial of Communications Specialist: _____ Initial of Education/Financial Specialist: _____

Associated Builders and Contractors Southeastern MI Chapter Contact Form

Please Print as clearly as possible

John Manor
Director of Membership and Safety
31800 Sherman Avenue
Madison Heights, MI 48071
(248)298-3605
jmanor@abcsemi.org
www.abcsemi.org

COMPANY INFORMATION

Company Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Website: _____ Today's Date: ____/____/____
Office Phone: (____) ____-____ Fax: (____) ____-____
Number of Employee's: _____ Primary Trade(s): _____

PRIMARY CONTACT INFORMATION

Primary Contact Name: _____
Last First Middle
Title: _____ Cell Phone: (____) ____-____
Email: _____

COMPANY REPRESENTATIVE INFORMATION

Front Office Contact: _____ Email: _____
Training/Human Resources Contact: _____ Email: _____
Safety Contact: _____ Email: _____
Marketing/Business Development: _____ Email: _____
Chief Project Manager: _____ Email: _____
Chief Estimator: _____ Email: _____

What are your areas of interest within ABC SEMI (check all that apply)?

- Legislative (State and Federal)
- Life, Health or Workers Comp.
- Networking Events
- Safety
- Member Discounts
- Be a Committee/Board Member
- Be a Sponsor/Volunteer
- Legal Assistance
- Contractor Referral Service
- Emerging Professionals
- SEMCA/Employee Training