



2025 - 2027 ACI Membership Application

Upon completion, return to London Hill:

Email: lhill@aci-construction.org

Mail: 3 Kovach Dr. Cincinnati, OH 45215

If you have any questions, contact London Hill at 513-221-8020

Company Name: \_\_\_\_\_

Year Business Began: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Position/Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website Address: \_\_\_\_\_

Type of Business:

\_\_\_\_\_ General Contractor/Developer/CM

\_\_\_\_\_ Architectural Firm

\_\_\_\_\_ Sub-Contractor

\_\_\_\_\_ Supplier/Service Provider

\_\_\_\_\_ Engineering Firm

\_\_\_\_\_ Educational Institution

My company is: \_\_\_\_\_ Non-Union \_\_\_\_\_ Union ( \_\_\_\_\_ Our company contributes to CAP)

My Company is Certified As: \_\_\_ MBE \_\_\_ WBE \_\_\_ SBE \_\_\_ DBE \_\_\_ EDGE \_\_\_ SDVOSB \_\_\_ 8a

Other Certifications: \_\_\_\_\_

How did you hear about ACI? \_\_\_\_\_

What benefits and services are your company interested in? \_\_\_\_\_

For a free quote on your Workers' Comp rates, and/or interest in the Tri-State Area Safety Council, please provide your BWC Policy #: \_\_\_\_\_

We'd like to saving now!

Please have someone contact me about **discounts** on the following services:

\_\_\_\_\_ Credit Card Processing

\_\_\_\_\_ Group Rating for MCO

\_\_\_\_\_ PPE

\_\_\_\_\_ Fleet Fuel

\_\_\_\_\_ Pension Analysis

\_\_\_\_\_ Human Resources/Recruiting

\_\_\_\_\_ Group Rating for BWC-TPA

\_\_\_\_\_ Cyber Security/IT

\_\_\_\_\_ Construction Software

# ANNUAL MEMBERSHIP DUES

Dues Period: July 1st -June 30th

## (1) Membership Type

_____ <b>Startup Membership</b>	\$155.00
<i>Within first three years of opening, ten or less employees, annual dollar volume of sales under\$500,000.</i>	
_____ <b>Architectural / Engineering Firm</b>	\$520.00
_____ <b>Educational Institution</b>	
Number of Students Enrolled Annually	
____ 0-10,000 Students	\$1,030.00
____ 10,000+ Students	\$1,545.00
_____ <b>Supplier/Service Provider</b>	
Dollar Volume of Sales	
____ Under 3 Million	\$1,030.00
____ Over 3 Million	\$1,510.00
_____ <b>Contractors - General, Sub, CAP*, CM, Developer</b>	
Dollar Volume of Sales	<b>Total Annual Dues</b>
____ Up to \$3,000,000.00	\$1,030.00
____ \$3,000,001.00 - \$10,000,000.00	\$1,510.00
____ \$10,000,001.00 - \$20,000,000.00	\$3,010.00
____ \$20,000,001.00 - \$40,000,000.00	\$4,370.00
____ \$40,000,001.00 - and up	\$6,010.00

Annual Membership Dues as marked above:

(1) \_\_\_\_\_

\* CAP Contributors: CAP will cover your dues up to the amount you pay into CAP. You will be invoiced for the remaining balance.

Project Leads Software, Project Scout (\$845/year) \*\*\*see back page (2) \_\_\_\_\_

\_\_\_\_\_ I would like a 30 day free trial of the Construction Connection

**Total Amount Due:** (3) \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Method:** Check Enclosed \_\_\_\_\_ or Visa \_\_\_\_\_ MC \_\_\_\_\_ Amex \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Credit Card Account Number** \_\_\_\_\_ **Sec Code** \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Billing Zip Code for Credit Card : \_\_\_\_\_

Please submit a high resolution .jpg and/or all available company logos with application to [eschwegman@aci-construction.org](mailto:eschwegman@aci-construction.org).

# COMPANY PROFILE

ACI membership benefit the entire company. To ensure that individuals receive the appropriate communications of please list contact information for the following departments/positions in the Cincinnati region.

## POSITION

## E-MAIL ADDRESS

President/CEO: \_\_\_\_\_

Vice President: \_\_\_\_\_

CFO: \_\_\_\_\_

Marketing/Sales Director: \_\_\_\_\_

Office Manager: \_\_\_\_\_

Training/Ed. Director: \_\_\_\_\_

Safety Director: \_\_\_\_\_

Chief Estimator: \_\_\_\_\_

Human Resources: \_\_\_\_\_

IT Director: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Please list all persons who are to receive the Project Scout and Bid Calendar Reports:

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My Company Specializes In: \_\_\_\_\_

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Business Services: \_\_\_\_\_

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Celebrated Projects: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

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Additional Information:

(History, Awards, Partnerships, Specialization, etc.)

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## AFFILIATIONS

Please let us know what other organizations/associations your company is affiliated with:

- American Society of Professional Estimators (ASPE)
  - American Subcontractors Association of Cincinnati (ASAC)
  - Associated General Contractors (AGC)
  - Construction Financial Managers Association (CFMA)
  - Mason Contractors Association of America (MCAA)
  - Millwright Contractors Association
  - National Association of Women in Construction (NAWIC)
  - National Roofing Contractors Association
  - National Tile Contractors
  - Society of Marketing Professional Services (SMPS)
  - Steel Erectors, Riggers & Fabricators Association
  - Walls & Ceiling Contractors Association
  - Other:
- 

## CSI CODES:

Please specify the scope of work your company specializes in by the Construction Specification Institute Codes (by a whole division or individual work specs). List as many as necessary for the different areas in the industry. This is how your company will be listed in the physical and digital directory.

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