Thank you for your interest in the Virginia Transportation Construction Alliance.

Please return this application for membership with a check for dues made out to VTCA to:

Virginia Transportation Construction Alliance
620 Moorefield Park Drive, Suite 120
Richmond, Virginia 23236
Phone: (804) 330-3312  Fax: (804) 330-3850
**Guidelines for determining total volume for Associate Members of the VTCA:**

Dues for Associate Members are $850.00 per calendar year. Fees are assessed based on gross revenues in excess of $499,999.00 for goods and services sold related to transportation planning, design, construction or maintenance. Gross revenues reported are to be based on revenue from all VDOT and municipal contracts and subcontracts performed in the Commonwealth of Virginia financed in whole or in part by public funds including bond issues of local governments, associations, corporations or authorities on types of work normally performed by transportation contractors and engineering firms.

Work involving airports, ports, rail, military facilities and private development is not included in the fee structure except to the extent that it includes work that is part of the Commonwealth's highway or street system and is funded in whole or in part by public funds or by bond issues as described above. The Commonwealth's highway or street system includes highways, streets and related infrastructure throughout the Commonwealth whether built or maintained by VDOT or the Cities, Counties and/or Municipalities within the Commonwealth. Specifically, this includes all VDOT procurement, contracts awarded under the Public-Private Transportation Act (PPTA), all highway or street projects within Cities, Counties, and Municipalities funded in whole or in part by Federal or State funds or bond issues.

Please check the box below that corresponds with your Transportation-related revenue. Then transfer the fee listed to calculate your yearly membership investment.

<table>
<thead>
<tr>
<th>Transportation-related revenue for 10/1 - 9/30 preceding the date of your application (Check One)</th>
<th>Fee</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 to $499,999</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>$500,000 to $999,999</td>
<td>$400</td>
<td></td>
</tr>
<tr>
<td>$1,000,000 to $4,999,999</td>
<td>$950</td>
<td></td>
</tr>
<tr>
<td>$5,000,000 to $9,999,999</td>
<td>$1,650</td>
<td></td>
</tr>
<tr>
<td>$10,000,000 and above</td>
<td>$2,150</td>
<td></td>
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</tbody>
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Dues, fees and contributions are not deductible as charitable contributions but may be deductible as ordinary and necessary business expenses. Also, the Omnibus Budget Reconciliation Act of 1993 does not permit you to deduct that portion of your dues attributable to our lobbying efforts. This year, five percent of $850 will not be tax deductible as an ordinary and necessary business expense.

I understand my yearly membership investment will be:

- $850.00 Dues
- + $________ Fees, as checked above
- $________ Total Membership Investment

I understand I will be invoiced quarterly.

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**APPLICATION FOR MEMBERSHIP**

**Associate**

The undersigned hereby makes application for membership in the Virginia Transportation Construction Alliance, as an Associate Member. This application will be presented to the Board of Directors and, if elected, the undersigned agrees to be governed by the Bylaws of the Alliance and to aid and assist in advancing the mission and Code of Ethics of the Alliance.

Name of Firm: __________________________
Street Address: __________________________
Mailing Address: __________________________
City, State, Zip: __________________________
Phone: (______) ( ) Fax: (______) ( )
Company E-mail: __________________________
Web Site: __________________________
Areas of Expertise: __________________________

Names and titles of principals:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr./ Ms. / Mrs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr./ Ms. / Mrs.</td>
<td></td>
<td></td>
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<tr>
<td>Mr./ Ms. / Mrs.</td>
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</tbody>
</table>

Primary Contact Person for VTCA:

Mr./ Ms. / Mrs. __________________________
(Name, title, e-mail address please)

Signature and Title: __________________________ Date: __________________________

To complete your application for membership, the revenue information to the left must be completed and you must submit a check in the amount of $425.00. We will then invoice you quarterly for the balance of your dues and fees.

Referring Member Company and Contact (if applicable):

__________________________________________

(Company and contact information please)