

Membership Application

COMPANY INFORMATION

Company Name			Number of Employees (Regional)			
Address			City	State	Zip	
Phone Fax		Website		Year Found	Year Founded	
Type of Business: GC/CM	☐ Architecture	Engineering	☐ Subcontract	tor Professional Services	Supplier	
☐ Vendor	☐ Industry Group	Institutional				
Please list up to 3 categories (se	ee list at www.bcebalt	imore.org/industry-c	categories)			
1	2			3		
Please add a 25-word descripti	on of your company					
MAIN POINT OF CONTAC	T INFORMATION					
Name			Title			
Email			Phone			
Mailing Address			City	State	Zip	
KEY PERSONNEL FOR N Please list key personnel (officer			, should appear in	our Mambarahia Diroctory		
Name & Title	rs, partriers, owriers, e	Ema		our Membership Directory.		
1.						
2						
3						
4						
т.						
ADDITIONAL CONTACT 8		D00E				
If other members of your organi						
Name & Title			Email			
Social Media Handles						
How did you hear about the Bu	ilding Congress & Exc	hange?				
Are you or a member of your fire	m interested in joining	a BC&E Committee	? TYES	□ NO		
Would you like to learn more ab	out the BC&E Founda	ition?	☐ YES □	■ NO		