



**ASSOCIATE MEMBER
MEMBERSHIP APPLICATION**

West Texas Chapter, AGC, Inc.

Date: _____

Firm Name: _____

Telephone: _____ Fax: _____ Cell Phone: _____

Street Address: _____ City/State: _____ Zip: _____

Mailing Address: _____ City/State: _____ Zip: _____

Web site: _____ Email: _____

Corporation: _____ Partnership: _____ Single Proprietorship: _____

<u>Names of Officers</u>	<u>Position Held</u>	<u># of Years with Company</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of person to receive Chapter communications: _____

Communication Preference for Daily Updates: Email, Fax, or Mail: _____ If email, list address.

This can be more than one: _____;

Communication Preference for Weekly Bulletin: Email, Fax, or Mail: _____ If email, list address.

This can be more than one: _____;

What line of business is your firm engaged in? _____

Are you involved full time with this business? Yes _____ No _____

If not, what other type work are you involved in? _____

Date began in business: _____

Provide the following references:

General

Contractor: _____ Phone: _____

_____ Fax: _____

Contact Person: _____ City: _____

Sub-

Contractor: _____ Phone: _____

_____ Fax: _____

Contact Person: _____ City: _____

Material Supplier: _____

Phone: _____ Fax: _____

Contact Person: _____ City: _____

SUBCONTRACTORS: List jobs three (3) jobs in progress with location/type work/architect/General Contractor – indicate % complete.

SUBCONTRACTORS: List three (3) to five (5) jobs completed in the last three (3) years with location/type work/ architect/ General Contractor.

Has this firm or its principals ever had to declare bankruptcy? No Yes

Have the principals of this firm ever been associated with a firm that has had to file bankruptcy?

No Yes

If yes, provide brief explanation of relationship with that firm.

The undersigned, being in accord with the aims, objectives and purposes of your organization and desiring to assist in the accomplishment thereof, hereby applies for Associate Membership in the West Texas Chapter, Associated General Contractors of America, Inc.

I (We) certify the foregoing statements are correct and agree, if elected, that I (we) will be governed by the Constitution and By-Laws of the Association as long as I (we) continue as a member.

Nominated by: (If Applicable)

Applicant

Signed: _____

Title: _____

AGC General Contractor or Associate Member

West Texas Chapter AGC, Inc.
Associate Member Application

Associate Membership fees and dues:

- Application Fee: \$50.00
- Annual West Texas Chapter Dues: \$1,500.00 – payable at \$375.00 per quarter

Application fee must accompany this application to be considered. Current quarters dues will be prorated and billed, each quarter's dues must be paid promptly to stay in good standing.

(Dues cover West Texas AGC, Texas Building Branch AGC, and AGC of America)

Return completed application including the National Application Form to Cassie Hughes, Executive Director at the Abilene AGC office by mail, fax or email - chughes@wtagc.org.

WEST TEXAS CHAPTER AGC PLAN ROOMS

Abilene – Corporate Office	Lubbock	Midland	Wichita Falls
3125 S. 27 th St./P.O. Box 5365 Abilene, TX 79605/79608 325/676-7447 FAX 325/676-0107 wtagc@wtagc.org	3004 B 50 th St. Lubbock, TX 79413 806/797-8898 FAX 806/796-7115 lubbockagc@nts-online.net	1030 Andrews Hwy. Suite 105 Midland, TX 79708 432/520-2220 FAX 432/520-2226 Midlandagc3@nts-online.net	3100 Seymour Hwy. Suite 214 Wichita Falls, TX 76301 940/322-0100 FAX 940-322-2344 wfagc@nts-online.net

Executive Director – Cassie Hughes
www.wtagc.org



Quality People. Quality Projects.

2300 Wilson Boulevard, Suite 400 - Arlington, VA 22201
 Phone: (703) 548-3118 - Fax: (703) 548-3119 - www.agc.org

NATIONAL MEMBERSHIP APPLICATION AND MEMBER UPDATE FORM

Chapter Name:			Date:		
Action Requested:					
<input type="checkbox"/> New Member <input type="checkbox"/> Change of Address <input type="checkbox"/> Resigned Member (For address changes and resigned members, only ID Number and business name are needed below)					
Member Type:					
<input type="checkbox"/> General Contract or	<input type="checkbox"/> Provisional Member	<input type="checkbox"/> Non-Home Member	<input type="checkbox"/> Specialty Contractor	<input type="checkbox"/> Supplier/Svc Provider	<input type="checkbox"/> Educational Associate
Company Information:					
National AGC ID Number: (for existing members only)					
Company Name:					
Contact Person:					
Title:			E-mail:		
Officers/Titles:					
Street Address:					
City:		State:		Zip:	
Phone:		Fax:		Web site:	
- For New General Contractor Members -					
Primary Construction Type:					
Other Construction Types Performed (check all that apply):					
<input type="checkbox"/> Building	<input type="checkbox"/> Highway	<input type="checkbox"/> Heavy	<input type="checkbox"/> Industrial	<input type="checkbox"/> M & U	<input type="checkbox"/> Railroad <input type="checkbox"/> Federal

(This firm agrees that, out of its annual dues to the National Association, \$15 shall be applied to an annual subscription to *CONSTRUCTOR* Magazine and \$15 to an annual subscription to the National Newsletter.)

If you have any questions concerning the above information, please contact the Membership Department at (703) 837-5341.