******CentexAGC. rg**

4500 West Waco Drive, Waco, Texas 76710-7047

# Application for Associate Membership

To the Membership Committee       (date)

Central Texas Chapter, AGC

Gentlemen:

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 Central Texas Chapter, Associated General Contractors of America, Inc.

|  |  |
| --- | --- |
| **Firm Name:** | **Voice Phone:** |
|       |       |
| **Street Address:** |  | **Fax Phone:** |
|       |       |
| **Mailing Address:** |  | **City, State Zip:** |
|       |       |
| **Type of Business:** |  | **Website:** |
| [ ]  Corporation [ ]  Partnership [ ]  Single Proprietorship |       |
| **Names & Titles of Officers:** | **eMail Addresses:** |
|       |       |
|       |       |
|       |       |
| **Prinicipal contact with Chapter:** | **eMail address for primary contact with AGC:** |
|       |       |

The CentexAGC News goes out each Thursday evening. Please give addresses to be used; multiple addresses may be listed.

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?

Give a concise statement of your company’s business experience; date of organization, history, principals, etc:

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|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| [ ]  |  | [ ]  | Does your firm carry workmen’s compensation insurance? |
| [ ]  |  | [ ]  | Does your firm carry general liability insurance? |
| [ ]  |  | [ ]  | Does your firm have an ongoing safety program? |
| [ ]  |  | [ ]  | Is your firm required to provide performance and payment bonds on its projects?If yes, name of bonding company:      If no, can you provide a performance and payment bond if required?       |
| [ ]  |  | [ ]  | Has your firm even been an Associate Member of any AGC Chapter under your present name or any other name?      If yes, indicate Chapter:      Give firm name, if different:       |
| [ ]  |  | [ ]  | Do your employees work on the construction job site?Which categories of work?       |

Give, as a minimum, the following references:

|  |  |  |
| --- | --- | --- |
| **AGC General Contractor:** | **Address:** | **City, State & Zip** |
|       |       |       |
| **Contact Person:** | **eMail address:** | **Voice Phone:** | **Fax Phone:** |
|       |       |       |       |
| **General Contractor:** | **Address:** | **City, State & Zip** |
|       |       |       |
| **Contact Person:** | **eMail address:** | **Voice Phone:** | **Fax Phone:** |
|       |       |       |       |
| **AGC Specialty Contractor:** | **Address:** | **City, State & Zip** |
|       |       |       |
| **Contact Person:** | **eMail address:** | **Voice Phone:** | **Fax Phone:** |
|       |       |       |       |
| **Specialty Contractor:** | **Address:** | **City, State & Zip** |
|       |       |       |
| **Contact Person:** | **eMail address:** | **Voice Phone:** | **Fax Phone:** |
|       |       |       |       |
| **Material Supplier:** | **Address:** | **City, State & Zip** |
|       |       |       |
| **Contact Person:** | **eMail address:** | **Voice Phone:** | **Fax Phone:** |
|       |       |       |       |

**Design Professionals & Financial Institutions**

|  |  |  |
| --- | --- | --- |
| **Architect or Engineer:** | **Address:** | **City, State & Zip** |
|       |       |       |
| **Contact Person:** | **eMail address:** | **Voice Phone:** | **Fax Phone:** |
|       |       |       |       |
| **Project Owner:** | **Address:** | **City, State & Zip** |
|       |       |       |
| **Contact Person:** | **eMail address:** | **Voice Phone:** | **Fax Phone:** |
|       |       |       |       |
| **Financial Institution:** | **Address:** | **City, State & Zip** |
|       |       |       |
| **Contact Person:** | **eMail address:** | **Voice Phone:** | **Fax Phone:** |
|       |       |       |       |

I hereby give my permission to my financial institution to release any information requested by the Associated General Contractors of America (AGC).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(NOTE: APPLICATION WILL NOT BE CONSIDERED UNTIL THE REFERENCES HAVE BEEN RECEIVED.)**

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SUBCONTRACTORS: List jobs in progress with location/type work/architect/General Contractor/% complete.

SUBCONTRACTORS: List 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? [ ]  Yes or [ ]  No?

Have the principals of this firm ever been associated with a firm that has had to file bankruptcy? [ ]  Yes or [ ]  No?

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

I (We) hereby make application for Associate Membership in the Central Texas Chapter AGC on the basis of the foregoing statements and refer to the persons names above who are personally acquainted with my (our) company and its work and services.

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.

I (We) furthermore agree to promote the objectives of the Association so far as it shall be within my (our) power.

**Nominated by:** (If Applicable) **Applicant Form:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGC General Contractor or Associate Member Title:

**Approved by Membership Committee** **Elected to Membership**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_

(Chairman)

**Associate Membership carries the following fees and dues, payable in advance (Nat’l & State Associate Membership dues included):**

 Initiation Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Annual Central Texas Chapter Dues: \_\_\_\_\_\_\_\_\_\_\_\_

**Check for a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_, representing $ \_\_\_\_\_\_\_\_\_\_\_\_\_ initiation fee and $ \_\_\_\_\_\_\_\_\_\_\_\_\_ for first year’s dues, must be attached to this application.**

**(Dues cover Central Texas AGC, Texas Building Branch AGC, and AGC of America membership.)**



The Associated General Contractors of America

2300 Wilson Boulevard, Suite 400, Arlington, VA 22201\* 703-548-3118 \* 703-837-5406

National Membership Application and Member Update Form

**Chapter Name:** **Date:**

**National AGC ID Number:**

**(for existing members only)**

**[ ]  New Member** **[ ]  Change of Address** **[ ]  Resigned Member**

 ***(For address changes and resigned members, only ID number and business name are needed.)***

**[ ]  Gen Contr Member** **[ ]  Prov Member** **[ ]  Non-Home** **[ ]  Specialty Contr** **[ ]  Svc/Supplr/Mfr**

Company Name:

Contact Person:       Title:

Officers/Title(s):

Street Address:

City:       State:       Zip:

Phone:       Fax:

eMail Address:       Website:

***~ For New General Contractor Members ~***

Primary Construction Type:

Other Construction Types Performed: (Check all that apply)

[ ]  Building [ ]  Highway [ ]  Heavy [ ]  Industrial [ ]  Municipal Utilities [ ]  Railroad [ ]  Foreign

***~ For New Specialty Contractors or Service/Supplier/Mfr. ~***

Type: [ ]  (SC) Specialty Contractor [ ]  (SP) Service Provider/Supplier/Manufacturer

Specialization Code (National Associate Membership Classification):

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

*If you have any questions with the above information, please contact the*

*Central Texas AGC Plan Room at 254.772.5400*