



**GENERAL CONTRACTOR
MEMBERSHIP APPLICATION**
Affiliate or Non-home subsidiary Membership

West Texas Chapter, AGC, Inc.

Date: _____

Firm Name: _____

Phone: _____ Fax: _____ Cell Phone: _____

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

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

Website: _____ Email: _____

Corporation: Partnership: Single Proprietorship:

Name of person to receive chapter communications: _____

Communication Preference for Daily Updates and Weekly Bulletins:

Email or Fax: _____

If email, additional contacts may be listed: _____,
_____, _____,

How long in business as a General Contractor? _____ Yrs Date established: _____

How long operating under this firm name? _____ Yrs

Do you carry Worker's Comp? Yes No

Names of Officers	Position Held	# of Years with Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

What type and scope of construction does the firm prefer to perform?

What is the total number of full time personnel employed? _____

On the average, what percentage of work is accomplished using own forces? _____ %

Which categories of work are performed using own forces?

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Provide a minimum of three (3) references or attach letters of recommendations from design professionals; Architects or Engineers. Additional references may be submitted i.e.: General Contractor, Sub-contractor, Supplier, and Customers.

OR Provide a letter from your home chapter verifying that you are a member in General Contractor member in good standing.

Category _____

Phone: _____ Email: _____

Contact Person: _____ City: _____

Category _____

Phone: _____ Email: _____

Contact Person: _____ City: _____

Category _____

Phone: _____ Email: _____

Contact Person: _____ City: _____

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 General Contractor 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.

Firm: _____

Signed: _____

Title: _____

Date: _____

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 79701 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 wfacg@nts-online.net

Executive Director – Cassie Hughes
www.wtagc.org

AGC of America

THE ASSOCIATED GENERAL CONTRACTORS OF AMERICA

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.