

WEST TEXAS CHAPTER AGC, INC.

Skill, Integrity, Responsibility

| Date: Professional Service Member Application | | | | | | | |
|--|---------------|---------|---|--------------------|---------------|------------------|--|
| Member Information | | | | | | | |
| Company Name: | | | | | | | |
| Mailing Address: | | | Street Address: | | | | |
| City/State: | y/State: Zip: | | City/State: | | | Zip: | |
| Phone: | | | Cell: | | | | |
| Fax: | | | Website | | | | |
| Primary contact person for Chapter communic | cations | 3: | | | | | |
| Primary contact persons' email: | | | Accounting email if different: | | | | |
| Additional email contacts for weekly Bulletin: | | | | | | | |
| Company Background | | | | | | | |
| Date company established under this name: Has the Company been an AGC Member by If Yes, list year and under what name and Company been and Has the Company been an AGC Member by If Yes, list year and under what name and Company been and Has the Company been an AGC Member by If Yes, list year and under what name and Company been and Has the Company been an AGC Member by If Yes, list year and under what name and Company been and Has the Company been an AGC Member by If Yes, list year and under what name and Company been and Has the Company be | | | | | | No □ | |
| # of persons in the firm: Indicate if your company is: SBE (Small Business Enterprise) WBE (Women-Owned Business) | | | | | | | |
| Primary Type of Service Provided: | | | MBE (Minority Business Enterprise) LBE (Large Business Enterprise) | | | | |
| List other offices or branch offices associated w | rith you | ır comp | oany (If more than tv | vo, provide inform | nation on add | ditional sheets) | |
| Name of branch office (1) | | | | | Phone: | | |
| Address: | | | | | | | |
| Name of branch office (2) | | | | | | | |
| Address: | | | | | | | |
| Company is a Corporation □ LLC □ Partnership □ Sole Proprietorship □ | | | | | | | |
| Principal Officers Name | Titl | e | | # of Years wi | th Company | у | |
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| Acknowledgements | | | | | | | |
|---|---|--|--|--|--|--|--|
| I (we) certify the statements are correct and true and agree, that if approved, will pay each annual promptly to stay in good standing. Dues include membership for West Texas AGC, Texas Building Branch /TBB/AGC, and AGC of America. | | | | | | | |
| Company: | anding Brunen / IBB/1100, und 1100 of Timerica. | | | | | | |
| Name: | Title: | | | | | | |
| Signature: | Date: | | | | | | |
| Membership Dues | For Staff use only: | | | | | | |
| Received Date: | | | | | | | |
| □ Professional Service Member - 500.00 annually | | | | | | | |
| ☐ Architects and/or Engineers: Design Professional Member | | | | | | | |
| Bulletin & Website Directory Advertisement Only | | | | | | | |
| \$200.00 annually | | | | | | | |

Please Return completed application with payment to West Texas Chapter AGC, Inc.
Attn: Cassie Hughes, Executive Director
P. O. Box 5365 Abilene, TX 79608
chughes@wtagc.org / Phone (325) 676-7447 / Fax (325) 676-7119

WEST TEXAS CHAPTER AGC PLAN ROOMS

| Abilene – Corporate Office | Lubbock | Midland | Wichita Falls |
|--|-----------------------------|----------------------------|-----------------------------|
| 3125 S. 27 th St./P.O. Box 5365 | 3004 B 50 th St. | 4500 W. Illinois Suite 201 | 3100 Seymour Hwy. Suite 214 |
| Abilene, TX 79605/79608 | Lubbock, TX 79413 | Midland, TX 79703 | Wichita Falls, TX 76301 |
| 325/676-7447 | 806/797-8898 | 432/520-2220 | 940/322-0100 |
| FAX 325/676-7119 | FAX 806/796-7115 | | FAX 940-322-2344 |
| abilene@wtagc.org chughes@wtagc.org | lubbock@wtagc.org | midland@wtagc.org | wichitafalls@wtagc.org |