|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\West Texas AGC\Pictures\Capture B.JPGWEST TEXAS CHAPTER AGC, INC.**  *Skill, Integrity, Responsibility* | | | | | | | |
| ***Affiliate* General Contractor Membership Application** | | | | | | | |
| **Date:** | | | | | | | |
| **Member Information** | | | | | | | |
| Company Name: | | | | | | | |
| Mailing Address: | | | | Street Address: | | | |
| City/State: | | Zip: | | City/State: | | Zip: | |
| Phone: | | | | Cell: | | | |
| Fax: | | | | Website | | | |
| **Principal contact person** receiving West Texas AGC Chapter notifications: | | | | | | | |
| Principal’s - contact email: | | | | Accounting email if different: | | | |
| Email contact(s) for weekly Newsletter and Daily Updates: | | | | | | | |
| Email contact(s) for internet plan room invitations and notices: | | | | | | | |
| **Company Background** | | | | | | | |
| Date company established as a General Contractor firm under this name: | | | List AGC Chapter Memberships and under what name: | | | | |
| # of persons in the firm: | | | Indicate if your company is:  SBE (Small Business Enterprise) □  WBE (Women-Owned Business) □  MBE (Minority Business Enterprise) □  LBE (Large Business Enterprise) □ | | | | |
| Of these: # of field employees: | | |
| List type and scope of work the firm specializes in or services provided by your company: | | | | | | | |
| *Classification* | | | | | | | *CSI/UCI Code* |
| Primary: | | | | | | |  |
| Alternate: | | | | | | |  |
| Alternate: | | | | | | |  |
| Company is a Corporation □ LLC □ Partnership □ Sole Proprietorship □ | | | | | | |  |
| **Principal Officers**  **Name Title # of Years with Company** | | | | | | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
| **Reference and Documents (support documentation requested in red is required for review)** | | | | | | | |
| 1. **PROVIDE A LETTER** from your home chapter verifying your company is an active General Contractor member in good standing. | | | | | | | |
| 1. **PROVIDE A LIST OF WORK** acquired in the previous or current year in the West Texas Chapter area OR the specific project(s) to be performed in the West Texas Chapter area and the estimated value. | | | | | | | |
| **Project Name** | **Location** | | | **Architect/Engineer** | **Date** | | **Value** |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
| 1. □ Separate Project List Attached | | | | | | | |
| **Acknowledgements** | | | | | | | |
| I (we) certify the statements are correct and true and agree, that if approved, will follow the Constitution and By-Laws of the West Texas Chapter AGC (Association), and AGC of America as long as I (we) continue as a member. | | | | | | | |
| Company: | | | | | | | |
| Name: | | | | Title: | | | |
| Signature: | | | | Date: | | | |
| **Board Review** | | | | Date: | | | |
| Approved □ Denied □ Tabled □ | | | | Comments: | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |

**Please Return completed application by mail or email to West Texas Chapter AGC, Inc.**

**Attn: Cassie Hughes, Executive Director**

**P. O. Box 5365 Abilene, TX 79608**

[**chughes@wtagc.org**](mailto:chughes@wtagc.org) **Phone (325) 676-7447 /**

***ALL General Contractor applications require approval by the West Texas AGC Chapter Board of Directors***

**WEST TEXAS CHAPTER AGC PLAN ROOMS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Abilene – Corporate Office** | **Lubbock** | **Midland** | **Wichita Falls** |
| 3125 S. 27th St./P.O. Box 5365 | 3004 B 50th 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 |
| abilene@wtagc.org | lubbock@wtagc.org | midland@wtagc.org | wichitafalls@wtagc.org |
| FAX 325/676-7119 | | | |
| ***wtagc.org*** | | | |