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| **C:\Users\West Texas AGC\Pictures\Capture B.JPGWEST TEXAS CHAPTER AGC, INC.***Skill, Integrity, Responsibility* |
| **Date: Associate Member Application** |
| **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 under this name: | Has the Company been an AGC Member before: Yes □ No □If Yes, list year and under what name and Chapter: |
| # of persons in the firm: | Indicate if your company is registered with State or Federal: 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** |
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| **Reference and Insurance** |
| 1. Complete the following information:
 |
|  | **Yes** | **No** | **Agency** | **Agent** | **Phone/or/Email** |
| General Liability |  |  |  |  |  |
| Workers Compensation |  |  |  |  |  |
| 1. Provide a minimum of three (3) references. (2 - Business and/or 1 - Customer)
 |
| **Company Name** | **Type of Ref** | **Contact Person** | **Phone** | **Email** |
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| **Acknowledgements**  |
| I understand that membership with the West Texas AGC Chapter also includes membership and affiliation with AGC of America and AGC-TBB (Texas Building Branch). Benefits, dividends, access to programs, AND the West Texas AGC plan room service is included with the quarterly/annual dues. Membership continues until which time the chapter is notified in writing of cancellation, therefore, I, on behalf of the company, certify the statements are correct and true and agree, 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: |
| **Associate Membership Dues**  |  |
| Received □ Date:  | Amount: |
| *Associate Membership Dues - $1500 annually • Payable option at $375 per quarter**Minimum $375 payment required to begin membership* |
|  |  |

**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** **(325) 676-7447**

**WEST TEXAS CHAPTER AGC PLAN ROOMS**

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| **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 |
| ***wtagc.org*** |