



WEST 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:

Of these: # of field employees:

- SBE (Small Business Enterprise)
 WBE (Women-Owned Business)
 MBE (Minority Business Enterprise)
 LBE (Large Business Enterprise)

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

Name	Title	# of Years with Company

Reference and Insurance					
A. Complete the following information:					
	Yes	No	Agency	Agent	Phone/or/Email
General Liability					
Workers Compensation					
B. Provide a minimum of three (3) references. (2 - Business and/or 1 - Customer)					
Company Name	Type of Ref	Contact Person	Phone	Email	
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 <input type="checkbox"/>		Date:		Amount:	
<i>Associate Membership Dues - \$1650 annually • Payable option at \$412.50 per quarter</i>					
<i>Minimum \$412.50 payment required to begin membership</i>					

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

Abilene – Corporate Office	Lubbock	Midland	Wichita Falls
3125 S. 27 th St./P.O. Box 5365 Abilene, TX 79605/79608 325/676-7447 abilene@wtagc.org	3004 B 50 th St. Lubbock, TX 79413 806/797-8898 lubbock@wtagc.org	4500 W. Illinois Suite 201 Midland, TX 79703 432/520-2220 midland@wtagc.org	2014 Kell W. Blvd. Suite C Wichita Falls, TX 76301 940/322-0100 wichitafalls@wtagc.org

wtagc.org