



AGC
 WEST TEXAS CHAPTER
 THE CONSTRUCTION ASSOCIATION

WEST TEXAS CHAPTER AGC, INC.

Skill, Integrity, Responsibility

Affiliate General Contractor Membership Application

General Contractor whose primary membership is with another AGC Chapter

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:

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 Documents (support documentation requested in red is required with application for review and approval process)

- A. **PROVIDE A LETTER** from your home chapter verifying your company is an active General Contractor member in good standing.
- B. **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 Acquired	Value

C. 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:
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Signature:	Date:
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Board Review	Date:
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Approved <input type="checkbox"/> Denied <input type="checkbox"/> Tabled <input type="checkbox"/>	Comments:
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Return completed application by mail or email to West Texas Chapter AGC, Inc.
Attn: Cassie Hughes, Executive Director
3125 S. 27th St., Abilene, TX 79605
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	MIDLAND	WICHITA FALLS
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