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| **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 (primary) 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 and commitments to pay dues continue 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 - $1740.00 annually • Payable option at $435.00 per quarter*  *Minimum $435.00 payment required to begin membership* | | | | | | | |
|  | | | |  | | | |

**Please return completed application with payment to West Texas Chapter AGC, Inc.**

**Attn: Cassie Hughes, Executive Director**

**3125 S. 27th St., Abilene, TX 79605**

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

**WEST TEXAS CHAPTER AGC PLAN ROOMS**

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| --- | --- | --- |
| **ABILENE – Corporate Office** | **MIDLAND** | **WICHITA FALLS** |
| Charity Roberts | abilene@wtagc.org | LaCricia Moore | midland@wtagc.org | Donna Craib | wichitafalls@wtagc.org |
| 325.676.7447 | 432.520.2220 | 940.322.0100 |
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| Executive Director • Cassie Hughes • chughes@wtagc.org | | | |
| website • wtagc.org | | | |