



**AGC**  
WEST TEXAS CHAPTER  
THE CONSTRUCTION ASSOCIATION

# 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:

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	
<b>Acknowledgements</b>					
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. <b>Membership and commitments to pay dues continue until which time the chapter is notified in writing of cancellation</b> , 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:		
<b>Associate Membership Dues</b>					
Received <input type="checkbox"/>		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. 27<sup>th</sup> St., Abilene, TX 79605

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

#### WEST TEXAS CHAPTER AGC PLAN ROOMS

ABILENE – Corporate Office	MIDLAND	WICHITA FALLS
Charity Roberts   <a href="mailto:abilene@wtagc.org">abilene@wtagc.org</a>	LaCricia Moore   <a href="mailto:midland@wtagc.org">midland@wtagc.org</a>	Donna Craib   <a href="mailto:wichitafalls@wtagc.org">wichitafalls@wtagc.org</a>
325.676.7447	432.520.2220	940.322.0100
3125 S. 27 <sup>th</sup> St. Suite A	4500 W. Illinois Suite 201	2014 Kell W. Blvd. Suite C
Abilene, TX 79605	Midland, TX 79703	Wichita Falls, TX 76301
Executive Director • Cassie Hughes • <a href="mailto:chughes@wtagc.org">chughes@wtagc.org</a>		
website • <a href="http://wtagc.org">wtagc.org</a>		