



**AGC**  
**WEST TEXAS CHAPTER**  
 THE CONSTRUCTION ASSOCIATION

# WEST TEXAS CHAPTER AGC, INC.

*Skill, Integrity, Responsibility*

**Date:** **General Contractor Membership 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 as a General Contractor firm 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 Code*

**Primary:**

Alternate:

Alternate:

Has this company or a company you were a principal in failed to complete a contract awarded to them? Yes  No

Has this company or a company you were a principal in ever been found guilty in a lawsuit by an owner or architect for fraudulent practices: Yes  No

Company is a: Corporation  LLC  Partnership  Sole Proprietorship

## Principal Officers

**Name**

**Title**

**# of Years with Company**

Name	Title	# of Years with Company

<b>Reference and Documents (documentation noted in red, required prior to processing for review)</b>					
A. Complete the following information and if (yes) <b>PROVIDE COPIES OF CURRENT COMPANY CERTIFICATE OF INSURANCE:</b>					
	Yes	No	Agency	Agent	Phone/or/Email
General Liability					
Workers Compensation					
Bonding – current capacity: \$					
B. <b>PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES FROM DESIGN PROFESSIONALS/ARCHITECTS AND/OR ENGINEERS; PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES INCLUDING SUB-CONTRACTORS AND CUSTOMERS.</b> ADDITIONAL REFERENCES MAY BE LISTED BELOW.					
	Type of Ref	Contact Person	Phone	Email	
C. <b>PROVIDE A PROJECT LIST OF WORK</b> performed as a General Contractor: including current work and <i>work performed the previous two years or longer</i> . Include the name of project, location, date of construction and contract amount. <u>For a minimum of ten projects listed include:</u> owner, architect/engineer and major sub-contractors. AIA pre-qualification form acceptable.					
<b>Acknowledgements</b>					
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>Board Review</b>			Date:		
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Tabled <input type="checkbox"/>			Comments:		

Return completed application by mail or email 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) P: (325) 676-7447

*ALL General Contractor applications require approval by the West Texas AGC Chapter Board of Directors.  
 Minimum fee is \$3,460 when value of work is \$2 Million or less. Fees are based on dollar volume of work acquired in the previous calendar year and increases on a scale based on fee schedule approved annually by the Board of Directors.  
 Evaluations are scored non-subjectively based on the documents provided. A minimum score of 80 is required for approval.*

**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>		