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| **WEST TEXAS CHAPTER AGC, INC.**  *Skill, Integrity, Responsibility* | | | | | | | |
| **Date: Professional Service 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: | | | Principal’s - contact email: | | | | |
| Email contact(s) for weekly Newsletter and Daily Updates: | | | | | | | |
| **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:  SBE (Small Business Enterprise) □  WBE (Women-Owned Business) □  MBE (Minority Business Enterprise) □  LBE (Large Business Enterprise) □ | | | | | |
| Primary Type of Service Provided: | |
| List other offices or branch offices associated with your company (If more than two, provide information on additional sheets) | | | | | | | |
| *Name of branch office (1)* | | | | | | *Phone:* | |
| *Address:* | | | | | |  | |
| *Name of branch office (2)* | | | | | | *Phone:* | |
| *Address:* | | | | | |  | |
| Company is a: Corporation □ LLC □ Partnership □ Sole Proprietorship □ | | | | | |  | |
| **Principal Officers**  **Name Title # of Years with Company** | | | | | | | |
|  |  | | | |  | | |
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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 and access to webinars and attend chapter programs. I (we) certify the statements are correct and true and agree, that if approved, will pay promptly (annually) and remain in good standing. | | | | | | | |
| Company: | | | | | | | |
| Name: | | | | Title: | | | |
| Signature: | | | | Date: | | | |
| **Membership Dues** | | | | For Staff use only: | | | |
| Received □ Date: | | | | Amount: | | | |
| *□* ***Professional Service Member - Membership dues are $580.00 per year, paid annually***  *Includes companies or individuals with businesses as insurance, bonding agents, attorneys, accountants, design professionals (\*Architects / Engineers\*) etc. This membership includes full benefits to AGC, and West Texas AGC discount programs, training, and meetings. Members receive the weekly newsletter/projects bulletin, membership directory, and inclusion on the chapter website directory for your company customized with specific company logo and information to showcase your firm.* | | | | | | | |
| *□* ***Architects/Engineers - LIMITED ACCESS for Architects and Engineers Limited access fees are $230.00 paid annually***  *In lieu of membership, a subscription is offered to receive the weekly newsletter/projects bulletin and advertisement on our chapter website directory for your company customized with specific company logo and information to showcase your firm. Membership discounts and benefits are not included.* | | | | | | | |

**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 – Physical Offices / Plan Rooms**

|  |  |  |
| --- | --- | --- |
| **ABILENE – Corporate Office** | **MIDLAND** | **WICHITA FALLS** |
| Josué Williams | abilene@wtagc.org | LaCricia Moore | midland@wtagc.org | Donna Craib | wichitafalls@wtagc.org |
| 325.676.7447 | 432.520.2220 | 940.322.0100 |
| 3125 S. 27th 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 • chughes@wtagc.org | | | |
| website • wtagc.org | | | |