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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 - $1760.00 annually • Payable option at $440.00 per quarter**Minimum $440.00 payment required to begin membership* |
|  |  |

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

**Attn: Scott Hughes, Executive Director**

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

**scotth@wtagc.org** **(325) 676-7447**

**WEST TEXAS CHAPTER AGC – Offices**

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| **ABILENE – Corporate Office** | **MIDLAND** | **WICHITA FALLS** |
| Josué Williams | abilene@wtagc.org | April Valdez | midland@wtagc.org | Donna Craib | wichitafalls@wtagc.org |
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