



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	
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 <input type="checkbox"/>		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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