



AGC
 WEST TEXAS CHAPTER
 THE CONSTRUCTION ASSOCIATION

WEST TEXAS CHAPTER AGC, INC.

Skill, Integrity, Responsibility

Affiliate General Contractor Membership Application

General Contractor whose primary membership is with another AGC Chapter

Date:

Member Information

Company Name:

Mailing Address:

Street Address:

City/State:

Zip:

City/State:

Zip:

Phone:

Cell:

Fax:

Website

Principal contact person receiving West Texas AGC Chapter notifications:

Primary contact email:

Accounting or Accounts Payable email:

Email contact(s) for weekly Newsletter and Daily Updates:

Email contact(s) for internet plan room:

Email contact(s) for continuing education/professional development, human resources, leadership, safety, and workforce development information:

Email contact(s) for discount and savings programs:

Company Background

Date company established as a General Contractor firm under this name:

List AGC Chapter Memberships and under what name:

of persons in the firm:

Indicate if your company is:

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 <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>	

Principal Officers		
Name	Title	# of Years with Company

Reference and Documents (support documentation requested in red is required with application for review and approval process)
A. PROVIDE A LETTER from your home chapter verifying your company is an active General Contractor member in good standing.
B. PROVIDE A LIST OF WORK acquired in the previous or current year in the West Texas Chapter area OR the specific project(s) to be performed in the West Texas Chapter area and the estimated value.

Acknowledgements	
I (we) certify the statements are correct and true and agree, that 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.	
Name:	Title:
Signature:	Date:

Return completed application by mail or email to West Texas Chapter AGC, Inc.
 Attn: Scott Hughes, Executive Director
 3125 S. 27th St., Abilene, TX 79605
scotth@wtagc.org

ALL General Contractor applications require approval by the West Texas AGC Chapter Board of Directors

WEST TEXAS CHAPTER AGC – Physical Offices / Plan Rooms

ABILENE – Corporate Office	MIDLAND	WICHITA FALLS
Josué Williams abilene@wtagc.org	April Valdez midland@wtagc.org	Donna Craib wichitafalls@wtagc.org
325.676.7447	432.520.2220	940.322.0100
3125 S. 27 th 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 • Scott Hughes • scotth@wtagc.org		
website • wtagc.org		