



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:

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/or workforce development information:

Email contact(s) for discount and savings programs:

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

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.

Name:	Title:
Signature:	Date:

Associate Membership Dues

Received <input type="checkbox"/>	Date:	Amount:
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*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.
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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