



THE ASSOCIATED GENERAL CONTRACTORS OF AMERICA

2300 Wilson Boulevard, Suite 400, Arlington, Virginia 22201

and

KANSAS CITY CHAPTER, AGC

720 Oak Street, Kansas City, MO 64106

Application for General Contractor Membership

(Please Print or Type the Following Information)

Firm Name _____

Firm Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____ Website _____

Addressee _____ Title _____ E-Mail _____

(Person to whom all communications will be sent)

Address of Your Firm's: ___ Parent Firm, ___ Home Office, or ___ Billing Address, if different from above – please check all that apply

Firm Name _____

Firm Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____ Website _____

Officer and Partner Information:

Name _____ Title _____ E-mail _____

Name _____ Title _____ E-mail _____

Name _____ Title _____ E-mail _____

Types of general contracting performed by your company: ___ Building, ___ Highway, ___ Utilities, ___ Industrial
Please check all types performed and circle your primary classification.

What percentage of your company's total business is general contracting? _____

If not 100 percent general contracting, what other types of work or construction delivery methods is performed? _____

Please give a concise narrative, with dates, of your company's business experience, date of organization, etc. _____

Was your company ever an AGC member under its present name or any other name? _____

If so, give name(s) of Chapter(s) or Branch(es) and date(s) of such membership and name(s) under which formerly a member.

The Company hereby makes application for membership in the ASSOCIATED GENERAL CONTRACTORS OF AMERICA, and the KANSAS CITY CHAPTER, AGC on the basis of the foregoing statements and refers to the persons named below who are personally familiar with the Company and its work.

This Company certifies that the foregoing statements are correct, and agrees if elected to membership that in accepting the privileges it will also accept the obligations of membership; that it will be governed by the Articles of Incorporation and Bylaws of the National Association and also by the Rules and Regulations and Dues Schedule of the KANSAS CITY CHAPTER, AGC as long as a member, and furthermore agrees to promote the objectives of the Association.

The Company further agrees that, out of its annual dues to the National Association, \$15.00 shall be applied to an annual subscription to the CONSTRUCTOR magazine and \$15.00 to an annual subscription to the National AGC Newsletter.

I, by my signature below, hereby make application for membership in the ASSOCIATED GENERAL CONTRACTORS OF AMERICA and the KANSAS CITY CHAPTER, AGC. I further understand that by signing below and providing my company's mailing address, telephone and fax numbers, and e-mail address, my company consents to receive communications sent by or on behalf of the Builders' Association, the Kansas City Chapter, AGC, and the Associated General Contractors of America via mail, telephone, e-mail, or fax.

(Signature of Authorized Representative)

(Date)

(Title of Representative)

Please Note: Your membership dues to the Association are deductible expenses for Federal income tax purposes according to IRS code section 162(e). Contributions or gifts to the Association are not deductible as charitable contributions for Federal income tax purposes.

NEW AGC GENERAL CONTRACTOR MEMBER REFERENCE AND INFORMATION FORM

REFERENCES

Please provide four references of persons who have knowledge of your company's integrity and financial stability.

Name _____ Address _____
(Financial Institution)

Name _____ Address _____
(Contractor or Other Industry Representative)

Name _____ Address _____
(Other)

Name _____ Address _____
(Other)

NEW MEMBER INFORMATION

Which AGC services interest you most? _____

What is your firm's estimated annual volume in our geographical area? _____

What is your firm's estimated volume nationwide? _____

What is the size of your company's work force? _____

Which crafts do you employ? _____

Does your company operate on a union or open shop basis? _____

If union, do you wish to assign any bargaining rights to the Association? Yes ___ No ___

Will you provide a copy of your projects to our plan room? _____

Would you like more information on our cost saving Digital Plan Exchange (DPE), which allows you to post your plan documents to your personalized DPE website and control the users allowed to access the plan documents? Yes ___ No ___

You will be provided a login & password to the "Members' Only" area of www.buildersassociation.com to retrieve the plan room brief along with many other benefits. National AGC will provide your login access to www.agc.org

Is your firm a ___ minority-owned, ___ woman-owned, or ___ disadvantaged business enterprise?

If so, do you want your firm to be listed as such in our paper and electronic Roster/Buyers Guide? Yes ___ No ___

Is the firm certified? ___ By whom? _____ When? _____

Who is your contact person for Safety mailings? Name _____

Include in roster? Yes ___ No ___ Title _____ E-mail _____

Who is your contact person for Educational mailings? Name _____

Include in roster? Yes ___ No ___ Title _____ E-mail _____

Who is your contact person for Plan Room mailings? Name _____

Include in roster? Yes ___ No ___ Title _____ E-mail _____