

# Application



KANSAS CITY CHAPTER

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Website \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

(Person to whom all communications will be sent)

Address of Your Firm's: \_\_\_\_ Parent Firm, \_\_\_\_ Home Office or \_\_\_\_ Billing Address

(Complete below 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 are performed? \_\_\_\_\_

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

Please list all Business Enterprise certifications, i.e.: WBE, MBE, VBE, DBE, Local , Section 3, etc.: \_\_\_\_\_

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.

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# Member information form



KANSAS CITY CHAPTER

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.

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

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Financial Institution)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Contractor or Other Industry Representative)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Other)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Other)

Contact person for Safety mailings? Include in roster? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Contact person for Educational mailings? Include in roster? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Contact person for Plan Room mailings? Include in roster? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

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