

**APPLICATION FOR ASSOCIATE MEMBERSHIP
AUSTIN CHAPTER
ASSOCIATED GENERAL CONTRACTORS OF AMERICA
609 S. Lamar - Austin, TX 78704
(512) 442-7887 Main Number
(512) 442-3503 Fax**

**Annual Dues \$875
TOTAL \$875**

**Please return a check for first year's dues (12-month period).
This application cannot be processed without the entire fee.**

Company Name: _____

Street Address: _____ **Post Office Box:** _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Email: _____ **Website:** _____

Branch Office Address (if any): _____

Names of Owner(s), Partners, or Corporate Officers: _____

Person to receive AGC mail: _____

Primary Business Activity: _____

Other Business Activity (if any): _____

Give a concise narrative of your company's business experience: _____

Date of Organization: _____ **Date of Incorporation:** _____

Do you carry workers compensation and general liability insurance? _____

If a former AGC Member, please give Chapter name: _____

If you are affiliated with another AGC, please give Chapter name and dates: _____

Please list all other companies you are affiliated with: _____

GENERAL CONTRACTOR REFERENCES:

Company Name	Person	Address	Phone & Email

SUPPLIERS & OTHER REFERENCES (i.e. Supplier/Subcontractor, Vendor or Personal):

Company Name	Person	Address	Phone & Email

I (we) hereby make application for Associate Membership in the Austin Chapter of Associated General Contractors of America on the foregoing statements and above referenced who are familiar with my (our) work. I (we) certify that the foregoing statements are correct and agree, if elected, that I (we) will be governed by the Articles of Incorporation, Constitution, Bylaws, and Rules of Procedure of the Association as long as I (we) continue as a member. (we) furthermore agree to promote the objectives of the Association as far as shall be in my (our) power.

Please indicate one of the following

SUPPLIER -	SPECIALTY CONTRACTOR -	Service Provider:
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Signature: _____

Date: _____