



# MEMBERSHIP APPLICATION

INDUSTRY PARTNER

**Annual dues: \$518.00**  
Prorated quarterly

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLEASE INDICATE BILLING ADDRESS:  MAILING  PHYSICAL

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_  OFFICE  CELL

CSI OR NAICS CODES (SELECT TWO): \_\_\_\_\_

KEYWORDS FOR SEARCHABLE DIRECTORY INFORMATION (MAX. 5): \_\_\_\_\_

TYPE(S) OF WORK PERFORMED (CHECK ALL THAT APPLY) UNDERLINE PRIMARY CLASSIFICATION:

BUILDING  HIGHWAY & TRANSPORTATION  FEDERAL & HEAVY  UTILITY & INFRASTRUCTURE  OTHER

FIRM CERTIFICATION:  MBE  WBE  DBE

LABOR AFFILIATION FOR SELF-PERFORMED WORK :  UNION  OPEN SHOP  N/A

PROVIDE A CONCISE NARRATIVE, WITH DATES, OF YOUR FIRM'S BUSINESS EXPERIENCE, ETC. (50 WORDS)

WAS YOUR FIRM EVER AN AGC MEMBER UNDER ITS PRESENT NAME OR ANY OTHER NAME?  YES  NO

IF YES, LIST NAME(S) OF CHAPTER(S) OR BRANCH(ES) OF SUCH MEMBERSHIP AND NAME(S):

WHAT SERVICES ARE MOST IMPORTANT TO YOU (CHECK ALL THAT APPLY)?

- ADVOCACY/GOVERNMENTAL AFFAIRS
- SAFETY TRAINING/SAFETY SERVICES
- WORKFORCE DEVELOPMENT TRAINING
- NETWORKING OPPORTUNITIES
- BUSINESS DEVELOPMENT OPPORTUNITIES
- INFORMATION (NEWSLETTERS, WEBINARS, FORUMS)
- INVOLVEMENT (COMMITTEES, WORK GROUPS)
- OTHER: \_\_\_\_\_

The Firm hereby makes application for membership in the Associated General Contractors of America and Associated General Contractors of Missouri on the basis of foregoing statements.

The Firm certifies that the foregoing statements are correct, and agrees if elected to membership that in accepting the privileges it will also accept 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 AGC of Missouri as long as a member, and furthermore, agrees to promote the objectives of the Association.

SPONSORED BY: \_\_\_\_\_ COMPANY: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_