



MEMBERSHIP APPLICATION

EMERGING SPECIALTY CONTRACTOR

First year dues: \$311.00 prorated quarterly

Subsequent years annual dues in this tiered/discounted program can last up to five years if annual work volume reported remains at \$500,000 or less.

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

WHAT PERCENTAGE OF FIRM'S TOTAL BUSINESS IS GENERAL CONTRACTING? _____

FIRM CERTIFICATION: MBE WBE DBE

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

DO YOU WANT AGCMO TO REPRESENT YOUR FIRM IN COLLECTIVE BARGAINING? YES NO

IF YES, CHECK THE TRADES FOR WHICH YOU WANT AGCMO LABOR REPRESENTATION:

CARPENTERS CEMENT MASONS IRON WORKERS LABORERS OPERATING ENGINEERS TEAMSTERS

WORKFORCE FUNDING

Contractors that identified themselves as Union affiliated for self-performed work make monthly contributions to joint apprenticeship training programs for the crafts they employ. Contractors that identified themselves as Open Shop affiliated will for self-performed work will receive a quarterly reporting form for the AGCMO Workforce Assessment Fund utilized for craft training and recruitment. Workforce Assessment Funds are 5 cents per hour in addition to the volume dues shown on the volume dues worksheet.

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 BUSINESS DEVELOPMENT OPPORTUNITIES
 SAFETY TRAINING/SAFETY SERVICES INFORMATION (NEWSLETTERS, WEBINARS, FORUMS)
 WORKFORCE DEVELOPMENT TRAINING INVOLVEMENT (COMMITTEES, WORK GROUPS)
 NETWORKING OPPORTUNITIES OTHER: _____

SPONSORED BY: _____ SPONSORING COMPANY: _____



INITIAL DUES OVERVIEW 2025 EMERGING SPECIALTY CONTRACTOR

Our Emerging Membership program has special tiered pricing for up to 5 years. If your reported work volume exceeds the maximum threshold to maintain eligibility in the program, you'll be invoiced at regular member rates during the next dues cycle.

For Emerging Specialty Contractors, the dues schedule for 2025 is as follows:

2025 Base = \$1,035

Year 1 – 30% of Base Level Annual Volume Dues	\$311
Year 2 – 45% of Base Level Annual Volume Dues	\$466
Year 3 – 60% of Base Level Annual Volume Dues	\$621
Year 4 – 75% of Base Level Annual Volume Dues	\$776
Year 5 – 90% of Base Level Annual Volume Dues	\$932

If base dues amounts change in the future, the specific amounts for each year under the Emerging member levels will also change using the percentages noted. Overall, our goal is to continue to provide a quality program for smaller companies that will help you gain momentum and remain a productive member with us for many years.

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.

COMPANY NAME: _____

SIGNED BY: _____ **TITLE:** _____

PRINTED NAME: _____ **DATE:** _____

QUESTIONS? Contact Steve Loos, Vice President of Membership at 314-480-3173 or sloos@agcmo.org.

OTHER COMPANY CONTACTS

OWNER(S), PARTNER(S) OR OFFICER(S):

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

ACCOUNTING

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

LABOR

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

EDUCATION/TRAINING

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

LEGISLATIVE

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

HUMAN RESOURCES

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

MARKETING/PR/BUSINESS DEVELOPMENT

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

INCLUSION

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

SAFETY

NAME _____	NAME _____
TITLE _____	TITLE _____
EMAIL _____	EMAIL _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____

BRANCH OFFICES

LIST ALL BRANCH OFFICES AS APPLICABLE

BRANCH NAME _____

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PLEASE INDICATE BILLING ADDRESS: MAILING PHYSICAL

PHONE _____ FAX _____ WEBSITE _____

BRANCH CONTACT _____ TITLE _____

EMAIL _____ PHONE _____ OFFICE CELL

BRANCH NAME _____

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PLEASE INDICATE BILLING ADDRESS: MAILING PHYSICAL

PHONE _____ FAX _____ WEBSITE _____

BRANCH CONTACT _____ TITLE _____

EMAIL _____ PHONE _____ OFFICE CELL

BRANCH NAME _____

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

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BRANCH NAME _____

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BRANCH CONTACT _____ TITLE _____

EMAIL _____ PHONE _____ OFFICE CELL



VOLUME DUES WORKSHEET 2025

SPECIALTY CONTRACTOR

STEP 1 – ANALYZE

AGC of Missouri’s 2025 Specialty Contractor dues are based on your company’s self-reported, gross dollar volume of business performed in all areas of Missouri as listed in the boxes below.

Federal & Heavy; Highway & Transportation; Utility & Infrastructure: Report all construction work in the State of Missouri except the counties of Jackson, Clay, Platte, Cass and Ray.

Commercial Building & Industrial: Report all construction work in the City of St. Louis and the following Missouri Counties: Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Franklin, Iron, Jefferson, Lincoln, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Charles, St. Francois, St. Louis, Ste. Genevieve, Scott, Stoddard, Warren, Washington and Wayne. NOTE: Building construction in all other Missouri counties where the contractor does not hold or maintain a membership with The Builders, A Chapter of AGC shall also be reported.

STEP 2 – REPORT

Based on your work in the areas noted above, please share the proper dollar volume amount your business performed from **January 1, 2024 to December 31, 2024**. Provide best-guess estimates for year-end if necessary.

2024 WORK VOLUME	2025 DUES
<input type="checkbox"/> \$0 - \$499,999	\$1,035
<input type="checkbox"/> \$500,000 to \$999,999	\$1,197
<input type="checkbox"/> \$1 million to \$3.9 million	\$1,500
<input type="checkbox"/> \$4 million to \$7.9 million	\$1,808
<input type="checkbox"/> \$8 million to \$11.9 million	\$2,109
<input type="checkbox"/> \$12 million to \$19.9 million	\$2,255
<input type="checkbox"/> \$20 million to \$49.9 million	\$2,491
<input type="checkbox"/> \$50 million & above	\$2,670

NOTE: Per Board policy, dues amounts for this membership classification are increased by a percentage annually in line with Cost of Living Adjustments (COLA) determined by the Social Security Administration.

During calendar year 2024, _____% of the non-residential construction volume by my company was completed on a subcontract basis and _____% was performed on a prime contractor basis.

NOTE: AGC of Missouri dues are not deductible as a charitable dues contribution for U.S. Federal Income Tax purposes but a portion may be deductible as a business expense. Please consult with your tax advisors.

STEP 3 – SIGN & SUBMIT

Renewing Members

Please submit this worksheet no later than **January 17, 2025 for invoicing**.

Fax it to our St. Louis office at 314-781-2874 or scan/email it to hvenable@agcmo.org.

Those failing to submit a worksheet by the deadline will be subject to an automatic one bracket increase over last year’s reported/invoiced volume. **NOTE:** Prior to invoicing, we welcome you to remit payment based on the data from this worksheet.

New Members

Dues payments are prorated quarterly during the first calendar year based on your volume reported above. Please submit this completed form with your membership application and appropriate dues payment.

I certify the information provided here is believed to be accurate as of today’s date. Payment will be remitted within 30 days of invoicing.

SIGNED BY: _____ DATE: _____

COMPANY: _____

QUESTIONS? Contact Steve Loos, Vice President of Membership at 314-480-3173 or sloos@agcmo.org.