



MEMBERSHIP APPLICATION EMERGING SUPPLIER/SERVICE PROVIDER

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

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 SUPPLIER/SERVICE PROVIDER

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 Supplier/Service Providers, the dues schedule for 2025 is as follows:

2025 Base = \$1,035

Year 1 – 30% of Annual Dues	\$311
Year 2 – 45% of Annual Dues	\$466
Year 3 – 60% of Annual Dues	\$621
Year 4 – 75% of Annual Dues	\$776
Year 5 – 90% of Annual 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: _____

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EMAIL _____ PHONE _____ OFFICE CELL