



MEMBERSHIP APPLICATION

INDUSTRY PARTNER

Annual dues: \$531.00
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

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: _____

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.

SIGNED BY: _____ TITLE: _____

PRINTED NAME: _____ DATE: _____

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 CONTACT _____ TITLE _____

EMAIL _____ PHONE _____ OFFICE CELL

BRANCH NAME _____

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

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

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PHONE _____ FAX _____ WEBSITE _____

BRANCH CONTACT _____ TITLE _____

EMAIL _____ PHONE _____ OFFICE CELL