



AGC OF OHIO MEMBERSHIP APPLICATION GENERAL CONTRACTORS

Company Name: _____

Office Address: _____

City/State/Zip: _____

County: _____

Phone: _____ Fax: _____ Website: _____

Main Contact: _____ Title: _____

Email Address: _____

Other persons who wish to be added to AGC of Ohio database in order to receive newsletters, join committees and access members only area on website. **Please provide Name, title and email address:**

Accounting Contact: _____ Email Address: _____

Types of construction performed (Please circle all types and underline your primary classification.):

Building Highway Heavy Utilities Industrial Other: _____

Date company began: _____ Number of employees: _____ Union _____ Non-union _____

Scope of work performed (\$ amount—ie. Between \$250,000-\$5,000,000 projects): _____

Geographical area where you perform your work: _____

Areas of specialty (ie. Parking garages, churches, etc.): _____

DUES STRUCTURE:

AGC of Ohio: \$1,500 (Includes required AGC of America membership. For more information about AGC's valuable services, resources and member-only discount programs go to www.agc.org/cs/about_agc/membership)

AGC of Ohio Education Foundation Scholarships Fund (optional): \$100.00

**All new members must be recommended by a current AGC of Ohio member in good standing.
Our company was recommended by:**

Name: _____ Company: _____

Phone: _____ Email: _____

(I, We) hereby apply for membership in AGC of Ohio. (I, We) certify that the foregoing statements are correct and agree, if elected, that (I, We) will be governed by the Articles of Incorporation, By-Laws and Rules of Procedure of the Association as long as (I, We) continue Membership. I understand that by returning this form, I consent to receive communications sent by or on behalf of the Associated General Contractors (AGC) of Ohio (and its affiliates) via U.S. Mail, e-mail, telephone or fax. Communications may include meeting notices, newsletters, informational bulletins.

Signed: _____ Date: _____