



AGC OF OHIO MEMBERSHIP APPLICATION FOR AFFILIATES, SUPPLIERS & SERVICE PROVIDERS

Company Name: _____

Office Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website Address: _____ County: _____

Main Contact: _____ Email Address: _____

Additional 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:**

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Accounting Contact: _____ Email Address: _____

DUES STRUCTURE:

AGC of Ohio: \$875.00

Includes AGC of America membership (*access to valuable services, resources and member-only discount programs. Go to agc.org for more information.*)

AGC of Ohio Education Foundation Scholarships Fund (*optional*): \$25.00

Amount enclosed: _____ (*Please make checks payable to AGC of Ohio.*)

(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, member benefit program information, etc. I understand that AGC of Ohio will NOT share my email address with other organizations.

Signed: _____ Date: _____

Return to:

AGC of Ohio • 1755 Northwest Blvd • Columbus, OH 43212 • Ph (614) 486-6446 • Fax (614) 486-6498