



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

Company Name: _____

Office Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website Address: _____ County: _____

Main Contact: _____ Title: _____

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. You may email more names if there is not enough room **Please provide name, title and email address:**

Name: _____ Title: _____

Email Address: _____

Name: _____ Title: _____

Email Address: _____

Name: _____ Title: _____

Email Address: _____

Accounting Contact: _____ Email Address: _____

DUES STRUCTURE:

AGC of Ohio: **\$ 875.00** AGC of Ohio Education Foundation Scholarships Fund *(optional)*: \$25.00

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

Signed: _____ Date: _____

Return to: