

AGC OF OHIO MEMBERSHIP APPLICATION SPECIALTY CONTRACTORS

Company Name:						
Office Address:						
City/State/Zip:						
Phone:		Fax:				
Website Address:		Cou	ınty:			
Main Contact:			Email Address:			
Other persons who wis members only area on				letters, join committees and access		
Accounting Contact:		Email A	ddress:			
Types of construction per	formed (Please circle a	all types and underline ye	our primary classification.).	:		
Building Highway He	avy Utilities Indust	trial Other:				
Date company began:	Number o	of employees:	Union	Non-union:		
Scope of work performed	(\$ amount—ie. Betwee	n \$250,000-\$5,000,000 pi	rojects):			
Geographical area where	you perform your work	:				
Areas of specialty (ie. Par	king garages, churches	s, etc.):				
DUES STRUCTURE: AGC of Ohio: \$950	AGC of Ohio Educa	ation Foundation Scholars	hips Fund <i>(optional)</i> : \$50.00			
AGC of America membersh cs/about_agc/membersh	1 (/ (access to valuable services	s, resources and member-onl	ly discount programs. Go to <u>www.agc.org</u> ,	<u>/</u>	
Amount enclosed:	(Please make checks payable to AGC of Ohio.)					
good standing. Pleas	e provide a letter of	f referral on their let	terhead. Go to www.a	actor or subcontractor member in agcohiobuyersguide.com/. Our pany was recommended by:	l	
Name:		Compan	y:			
Phone:		Email:				
governed by the Articles I understand that by returni	of Incorporation, By-Lang this form, I consent to	aws and Rules of Proc receive communications	edure of the Association a sent by or on behalf of the As	rrect and agree, if elected, that (I, We) will as long as (I, We) continue Membersh ssociated General Contractors (AGC) of O wsletters, informational bulletins.	hip.	
Signed:		Da	ate:			