

## AGC OF OHIO MEMBERSHIP APPLICATION GENERAL CONTRACTORS

Company Name:	
Office Address:	
City/State/Zip:	
Phone: Fax: Webs	ite Address:
Main Contact (will be listed in directory and receive all emails):	
Title	
Other persons who wish to be added to AGC of Ohio datab members only area on website. You can add as many em	pase in order to receive newsletters, join committees and access ployees as you wish. Attach a separate list if you need to.
Please provide Name, Title and email address:	
Accounting Contact:	Email Address:
Marketing Contact:	
Safety Contact:	
Date company began: Number of employers Scope of work performed (\$ amount—ie. Between \$250,000-\$ Geographical area where you perform your work: Areas of specialty (ie. Parking garages, churches, etc.):	r: Union Non-union 5,000,000 projects):
	bership. For more information about AGC's valuable services, resources tage/membership)
principal in good standing.	current AGC of Ohio general contractor member ember companies will have the AGC of Ohio logo beside by:
Name: (	Company:
	Email:
We) will be governed by the Articles of Incorporation, By-Laws at Membership. I understand that by returning this form, I consent	tify that the foregoing statements are correct and agree, if elected, that (I, and Rules of Procedure of the Association as long as (I, We) continue to receive communications sent by or on behalf of the Associated General
Signed:	Date: