

Alabama AGC – Membership Application



COMPANY INFORMATION

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Office Phone Number: _____ Fax Number: _____ Website: _____

Billing Address: (if different than mailing address) _____

YOUR COMPANY REPRESENTATIVES TO AGC

Primary Contact: _____ Email Address: _____ Cell Phone Number: _____

Additional Contact: _____
Title/Name: _____ Email Address: _____ Cell Phone Number: _____

Additional Contact: _____
Title/Name: _____ Email Address: _____ Cell Phone Number: _____

Additional Contact: _____
Title/Name: _____ Email Address: _____ Cell Phone Number: _____

Accounts Payable: _____ Email Address: _____ Cell Phone Number: _____

GENERAL CONTRACTORS / FULL MEMBERS

Main Types of Construction: _____ G/C License Number: _____

Check all boxes that apply to your company: Building Highway Industrial Heavy Municipal Utilities Railroad

ASSOCIATE MEMBERS

Briefly describe your work: _____

WHO REFERRED YOU TO AGC?

Company & Person: _____

MEMBERSHIP YEARLY DUES

Associate	\$725.00
Subcontractor no G/C License	\$725.00

PROVISIONAL FULL MEMBER YEARLY DUES

Open to companies three years old or less who qualify as a full member or have not been an Alabama AGC member.

Dues \$1200.00 a year for 3 years billed yearly.

GENERAL CONTRACTORS/FULL MEMBERS

Under \$2 Million Volume	\$1,800.00
\$2 Million – \$4.9 Million Volume	\$3,500.00
\$5 Million – \$9.9 Million Volume	\$6,000.00
\$10 Million – \$14.9 Million Volume	\$9,000.00
\$15 Million – \$19.9 Million Volume	\$10,000.00
\$20 Million and Above Volume	\$12,000.00

G/C Full Members dues billed on a quarterly basis

PAYMENT OPTIONS

Check Credit Card Type: Visa MasterCard American Express

Name on Credit Card: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Signature: _____ Date: _____

OFFICE USE ONLY

New Member: _____

Member Update: _____

Member #: _____

National ID: _____

OFFICE USE ONLY

Section: _____

Full Member Provisional

Associate - Type _____

Satellite of _____

Workers Comp Member

Payment: Credit Check