

CONTRACTOR MEMBERSHIP APPLICATION

Apply online or complete this application and submit to: Arizona Chapter AGC, 1825 W Adams Street, Phoenix, AZ 85007. Membership is subject to approval by the Arizona Chapter AGC Board of Directors.



COMPANY INFORMATION

Company Name				Year Established			
Street Address			City				
Mailing Address			City				
Primary Contac	ct		Position _				
Phone Number				_Cell Number			
Email Address				_Company Website URL			
PRINCIPAL ME	MBERS OF COMPA	NY	ROC Cla	assification Code(s)			
Principal Name				Position			
Email address Years of Construction Experience			Phone N	Phone Number			
Years of Constr	uction Experience						
Principal Name				Position			
Email address			Phone N	Phone Number			
Years of Constr	uction Experience						
PRIMARY CLASS OF WORK		Highway	Federal & Specialty	& Heavy Industrial & Utility Inf Building		tility Infrastructure	
Total Company	Man Hours Worked in	Arizona for prior	rizona for prior calendar year: Number of em				
Company is	Open Shop			d in our U.S. Departme and heavy-civil training		pproved No	
PROVIDE A BR		OF YOUR BUSIN	ESS				
		A member ferred you		ndustry Professional	Other		
	PTER DUES AND AG			ous calendar year)			
Less than \$2,000,000		\$2,238.40 + \$35	\$2,238.40 + \$355.00 (AGCA)		Please remit full dues payment with your application. Billing preference after first year: Quarterly		
\$2,000,000 - \$5,000,000		\$4,974.90 + \$460.00 (AGCA)		= \$5,434.90			
\$5,000,001 - \$10,000,000		\$11,727.17 + \$700.00 (AGCA)		= \$12,427.17			
\$10,000,001 - \$20,000,000		\$16,346.10 + \$1,070.00 (AGCA)		= \$17,416.10			
\$20,000,001 - \$45,000,000		\$18,879.90 + \$1,940.00 (AGCA)		= \$20,819.90	Annually		
Over \$45,000,001 \$23,731.20+ \$2,775.00 (A			,775.00 (AGCA)	= \$26,506.20			
	Arizona Chapter AGC are deductibl rizona Chapter AGC are not deductil			I necessary business expense accord	ing to IRS Code Sectio	n 162 (e).	
PAYMENT Tot	al Dues Amount: \$		Check payal	ole to Arizona Chapter AGC	Credit	Card (complete below)	
Name			Email Addre	Email Address			
			City				
Visa/MasterCard/AMEX Number				Expiration Date MM/YY	·	CVV Code	
Drint Nome of D		Cignoture of D	ringing!/Officer	Data		_	
Find Name of P	Principal/Officer	Signature of P	rincipal/Officer	Date			

NEXT STEPS: You will be contacted by association staff to begin our on-boarding process to help you understand your membership and maximize its value. It is important that you create an online profile in our membership portal and list any employee that you want to receive email communications including news updates, event and meeting notices. Your application will be reviewed by our Board of Directors.