



AGC
SOUTHEAST TEXAS
THE CONSTRUCTION ASSOCIATION

MEMBERSHIP APPLICATION

Company _____ Website _____

Mailing Address _____

Physical Address _____

Phone _____ Fax _____ Year Founded _____

Type of Business (circle one)

Corporation LLC Partnership Sole Proprietor

Type of Membership (circle one)

Local General Contractor Non-Local General Contractor Associate/Supplier Sponsor

If you are a General Contractor, please circle type:

Commercial Industrial Residential

Specialty/Supplier, please list trades. Sponsor provide discount and business description.

Company Contacts

_____ **Name** **Email** **Phone** **Cell**

Owner/CEO _____

PM/Estimator _____

Accounting _____

Customer References

_____ **Company Name** **Contact** **Phone**

How did you hear about AGC? (circle one)

Former Member Industry Reputation Website AGC Member Referral _____

For Office Use Only: **Date Joined/Paid** _____ **Amount Paid** _____