



MARYLAND AGC & AGC of AMERICA

ASSOCIATE MEMBER

MEMBERSHIP APPLICATION

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Type of Organization: Corporation Partnership LLC Individual Date founded: _____

Names of Owner(s), Partners or Officers of Corporation: _____

Principal contact with AGC (voting, etc.): _____

Name Title

Phone: _____ Fax: _____ Email: _____

Company CEO (if different from above): _____

Phone: _____ Fax: _____ Email: _____

Additional Contacts in Your Company

	Name	Phone	Email
			You may choose to enter a fax number instead, but only if that method is preferred
Safety			
HR/Educ./Training			
Purchasing			

Payment Information

Associate Members: Annual Dues \$ 500.00

_____ Check enclosed, payable to *Maryland AGC*.

Please charge my _____VISA _____MasterCard _____AmEx

Account number: _____ Expiration date: _____
mm/yy

Name on card: _____

Please sign below and mail this form to: Maryland AGC, 1301 York Road, Suite 202, Lutherville, MD 21093

This firm agrees to accept as a member the obligations as well as the privileges of membership: that it will be governed by the Articles of Incorporation, Bylaws, Rules & Regulations and Fee Schedule of The Associated General Contractors of America, Inc., (AGC) and Maryland AGC.

Signature: _____ Title: _____ Date: _____



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ASSOCIATE MEMBER PROFILE

Membership Categories - Associates

Specialty Contractor: Any individual, partnership, or corporation engaged in the construction business, but not as a general contractor, that has established a reputation for skill, integrity and responsibility.

Supplier/Service Provider: Any individual, partnership, or corporation that is not a construction firm and that has established a reputation for skill, integrity and responsibility. Such firms shall include suppliers of materials, equipment or other products, or professional or other services, to the construction industry.

Associate Members may vote, but are not eligible hold elective office. Associate members may be appointed to the Board.

My firm is a: o Specialty Contractor (see next page for definitions)
 o Service Provider
 o Supplier

Primary Business Specifications (NAICS & CSI): _____

Please indicate below the services or products supplied by your firm:

Suppliers/Service Provider:	Specialty Contractor:
Accounting/Services Advertising Aggregate Supplier Architecture/Engineering Attorney/Legal Services Auto Dealership Banking Institution Carpet & Flooring Concrete - Products Supplier Construction Materials Supplier Equipment – Supplies, Sales & Rental Financial Planning, Investments Insurance – Bonding/Surety Insurance – Health/Life Mortgage Broker Personnel & Staffing Services Plan Room Real Estate Reprographics Service & Supplier Safety Services/Supplies Third Party Administrator Other: _____	Construction Management Consulting Concrete Cranes Drywall Installation Earthmoving, Excavating Electrical Fire Protection, Security Systems Formwork Glass, Glazing Landscaping, Irrigation Lath/Plaster Masonry Mechanical Mechanical, Plumbing, Sheet Metal Roofing Scaffolding Structural Steel, Rebar Structural Wood Framing Underground Utilities Windows/Doors Other: _____

Please add any additional description of your firm and its area(s) of expertise:

REFERENCES: (Firms you've done business with—preferably Maryland AGC members)

Contact: _____	Contact: _____
Phone: _____	Phone: _____
Firm Name: _____	Firm Name: _____
Mailing address: _____	Mailing address: _____
City/State/Zip: _____	City/State/Zip: _____