



# Associated General Contractors of Alaska Membership Application

## Company Information

Name of Company: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_ Email: \_\_\_\_\_

## Contact Information

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Membership Type:**      **General\*\***       **Specialty\*\***       **Associate**

*\*\* Includes Online Plans & AGC National Membership*

**General & Specialty Applicants:** What % of firm's total business is done as a General Contractor? \_\_\_\_\_

**Specialty Applicants:** Are you a member of:    **NECA**       **A.M.C.A**

**Associate Applicants:** Do you wish to enroll in Online Plans?    **Yes**       **No**

**Description of work performed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you:**      **DBE**       **Hubzone**       **8(a)**       **Law Firm**

**Are you a signatory to any organized labor unions?**      **Yes**       **No**

*\*\*If yes, designate all that apply:*

**Cement Masons**       **Operating Engineers**       **Carpenters**       **Laborers**   
**Roofers**       **Teamsters**

**How did you hear about AGC?** \_\_\_\_\_

**Referral Contact Name & Company:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name & Title (please print):** \_\_\_\_\_

*\*\*Please ensure both pages of the application are completed in full\*\**



## Associated General Contractors of Alaska Membership Application

### Dues Calculation

General Contractor Annual Dues: <b>\$1,200</b>	Prorated: <b>\$750</b>
Specialty Contractor: <b>\$900</b>	Prorated: <b>\$500</b>
Associate Full (includes Online Plans & AGC of America Membership): <b>\$750</b>	Prorated: <b>\$450</b>
Associate Basic (no Online Plans or AGC of America Membership): <b>\$650</b>	Prorated: <b>\$400</b>

*If joining between July 1<sup>st</sup>-December 31<sup>st</sup> in a given year, pay the prorated amount*

### Payment Information

Annual Dues: \$ \_\_\_\_\_

\_\_\_\_\_

Card number

\_\_\_\_\_

Security Code

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

Visa

\_\_\_\_\_

Mastercard

\_\_\_\_\_

Card Holder's Name

\_\_\_\_\_

Billing Address (required to process payment) City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The firm hereby makes application for membership in The Associated General Contractors of Alaska on the basis of foregoing statements and refers to the persons named above who are personally familiar with the firm and its work. This firm certifies that the foregoing statements are correct, and agrees, if elected, to membership that in accepting the privileges it will also accept the obligations of membership that it will be governed by the Articles of Incorporation and Bylaws of the National Association and also by the Rules and Regulations and Dues Schedule of the Alaska Chapter as long as a member, and furthermore agrees to provide the objectives of the Association. Your membership dues to AGC of America are deductible expenses for Federal income tax purposes as ordinary and necessary business expense according to IRS Code Section 162(e). Contributions to AGC are not deductible as charitable contributions for Federal income tax purposes.

Your application will be reviewed within three business days. Upon approval you will be contacted by the Membership Director for payment if not designated on the application. We appreciate your company's interests in the AGC and look forward to working with you.

**\*\*Please ensure both pages of the application are completed in full\*\***