Application Form

If printing, please duplicate and complete this form for each individual within your company who is submitting an application for membership in AGC Georgia's Young Leadership Program.

If you prefer to complete the form electronically, please email Machell Harper at harper@agcga.org.

Applicant Information:			
Name:		Birthdate:	
Job Title:	How L	.ong in This Position:	
Office Phone:	Cell Phone	::	
Email:	College A	ttended:	
Sponsoring Company's Information:			
Company Name:			
Mailing Address:			
City:	State:	Zip Code:	
Signature of Principal with Sponsoring Compar	ıy:		
For Applicant to Complete:			
1. Tell us about yourself. Either write or type in t Ex: At present company for 4 years; Previous with degree in Construction Management. I'm and playing in my softball league. Currently I'm also active in these other associations	usly worked for LMN married and have a	N Company for 3 years; Graduated f six year old child. I enjoy spending	time with family,
2. To enhance your leadership experience, YLP r Please select the Area(s) of Focus of mo Membership Development/Networking	st interest to you:	uraged to serve on one of three Are Professional Development	as of Focus.
Signature of Applicant:		•	
Payment Options:			
☐ Invoice my company for the \$500 Young Lead	dership Program ar	nnual fee.	
\Box Charge credit card in the amount of \$500. \Box	-		
Card Number:			Exp

Regardless of payment method, please scan completed application form to harper@agcga.org.

For more information or questions about the application process, please contact Machell Harper, Director of Member Services at 678.298.4108 or harper@agcga.org or call AGC Georgia at 800.203.4629.