



EXECUTIVE ALLIANCE



Applicant's Information

Name: _____ Birthdate: _____

****Please send applicant's resume and/or bio to harper@agcga.org along with this completed form.

Job Title: _____ How Long in This Position: _____

Office Phone #: _____ Cell Phone #: _____

Email: _____

Signature of Applicant: _____ Today's Date: _____

Sponsoring Company's Information

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Applicant's Sponsoring Principal: _____ Title: _____

Check here if same as applicant.

If not same as applicant, signature of sponsoring principal: _____

Payment Options:

Invoice my company for the \$1,800 Executive Alliance annual fee.

Charge credit card in the amount of \$1,800. Visa MC AmEx Discover

Card Number: _____ Name on Card: _____ Exp. _____

Regardless of payment method, please scan this completed application form and applicant's resume and/or bio to harper@agcga.org.

Please duplicate and complete this form for each individual requesting membership in AGC Georgia's Executive Alliance. If reviewing by hard copy, an electronic version is available at www.agcga.org/ea.

For more information or questions about this application, please contact Machell Harper, Director of Member Services at 678.298.4108 or harper@agcga.org. You can also call AGC Georgia at 678.298.4100.