

ASSOCIATED GENERAL CONTRACTORS OF GEORGIA, INC.

1940 The Exchange; Suite 100 ♦ Atlanta, GA 30339-2002
678.298.4100 ♦ f: 678.298.4101 ♦ 800.203.4629 ♦ www.agcga.org



SERVICE PROVIDER MEMBERSHIP APPLICATION

Company _____

Primary Contact _____ Title _____

This person receives all correspondence from AGC Georgia and is listed as the primary contact in our online member directory. It's preferable for this person to be a company executive.

Mailing Address _____ City _____ State _____ Zip _____

Street Address (if different) _____ City _____ State _____ Zip _____

Website _____ Primary Contact's E-mail _____

Phone _____ If in Georgia, please provide county _____

Owners/Partners/Officers (The order provide below is what we'll use to list individuals in key contacts section of online directory. Use separate page as needed.)

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Year Company was Established _____ Nature of Business _____

Company's Standard Industrial Classification (SIC) Code _____ (This code can be found under the "Principle Business Activity Code" on your tax return. If you do not see your company's code in the following options, please call Machell Harper at 678.298.4108 to have it added to our database.)

- 237130 Underground Utility Notification
- 522110 Bank Facility
- 541110 Attorney
- 541211 Certified Public Accountants
- 541690 Cost Analysis (Estimating) Consultant
- 594204 Education Materials (Retail Bookstores)
- 628205 Financial Planning
- 628215 Estate Tax & Succession
- 641108 Employee Benefits
- 641112 Insurance
- 731199 Marketing Design
- 731302 Promotional Products
- 733617 Reprographic Services
- 737101 Computer Services
- 737299 Computer Software Systems
- 737899 Computer Hardware
- 874208 Safety Consultants
- 874264 Scheduling Consultants
- Other Code _____
Description _____

It's important to regularly update your company profile in our searchable online directory to maximize your presence to our web visitors seeking to do business with members. Please designate **one employee** (any position in company) as your administrator.

Profile Administrator _____ Title _____

Email _____ Direct Phone _____

Number of company employees _____

The company named on the first line of this form hereby makes application for Supplier Membership in the Associated General Contractors of Georgia, Inc. The primary person named above is personally familiar with the applying company and its work. It is acknowledged this membership application covers Supplier Membership in the national organization, The Associated General Contractors of America, Inc. This primary contact certifies the foregoing statements are correct and agrees, if elected to membership, to be governed by the Bylaws of the AGC of America and the Bylaws and Dues Structure of the Associated General Contractors of Georgia, Inc.

Signature of Primary Contact _____ Date _____

ANNUAL DUES INVESTMENT

Service Provider Membership \$1,508

Your company's full payment or your commitment for 12 auto-draft monthly payments (see next page) is due with the submission of this application. Your company's second year dues are pro-rated from the first anniversary date to December 31 of that year. Your third and subsequent year's dues are billed in full and are payable by January 31 that year or by monthly auto-draft. Dues payments and other fees are deductible as ordinary and necessary business expenses under IRS Code Section 162. Dues, excluding monies paid to AGC Georgia Foundation, Inc., are not deductible as charitable contributions. An amount equal to 10% of dues is allocable to Lobby Activities conducted by AGC Georgia on behalf of its members. Members are not allowed a deduction for Federal Income Tax purposes for this portion of their dues. Please see Payment Information on next page for more information about dues and PAC contributions.

ADDITIONAL RESOURCES & PROMOTIONAL OPPORTUNITIES

- ▶ By joining AGC Georgia, www.agcga.org, your firm automatically becomes a member of AGC of America, www.agc.org, the parent organization of 89 AGC chapters. All chapters are independently operated.
- ▶ If your firm has **additional offices**, please provide contact information. This information is used to communicate AGC Georgia news and is also the contact included in your firm's online member listing. Use separate page, if necessary.

(1) Additional location name _____ Contact _____
Title _____ Email _____ Phone _____
Mailing Address _____ City _____ State _____ Zip _____

(2) Additional location name _____ Contact _____
Title _____ Email _____ Phone _____
Mailing Address _____ City _____ State _____ Zip _____

- ▶ AGC Georgia publishes a weekly e-newsletter, *The Forum*. To have others, in addition to those already listed, receive *The Forum*, provide their information below. All employees can learn from the newsletter and help coordinate your firm's participation in the events. All will be associated with primary business location unless an additional location is designated beside their name. Use a separate page, if necessary.

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

MEMBERSHIP DUES PAYMENT INFORMATION

AGC Georgia allocates \$100 from all members' annual dues to AGC Georgia's Political Action Committee **unless** a member requests to redirect this amount to the AGC Georgia operating budget. Please check the box below **if you wish** for this amount to go to AGC Georgia and *not* to the association's PAC.

- Contribute our firm's \$100 to AGC Georgia's operating budget and not to the association's PAC.

Required

- Our firm agrees to a 12-month membership in AGC Georgia and understands this is a \$1,508 commitment.

COMPLETED APPLICATIONS ARE SUBMITTED TO THE BOARD OF DIRECTORS.

Optional - must be paid in full at time of submission

- I want my company logo displayed on our online member profile. I've included an additional **\$100** for this listing with my initial dues payment. **I will email a high resolution color logo to registration@agcga.org.**

- Accept our tax-deductible corporate donation to AGC Georgia Foundation, Inc. in the amount of \$_____.

Payment Options

Pay in full with ... Check (*Payable to AGC Georgia*) Credit Card

OR Pay 12 equal AUTO-DRAFT monthly payments via credit card
First payment processed upon application's approval by AGC Georgia's Board.

Total commitment \$_____ *including optional opportunities, if applicable*

Credit Card Payment: VISA MC AmEx Discover

Card # _____ Name on CC _____ Expiration _____

Should your firm opt for 12 equal credit card auto-draft payments for your \$1,508 dues investment and cease membership in AGC Georgia prior to your anniversary date, by way of declining credit card charges or any other method, you agree to the above credit card being charged \$251, two months dues payment. This is a one-time cancellation fee, regardless of the remaining balance due. *Signature below affirms consent to the above statement.*

Required Signature of Primary Contact for Application Submission _____ **Date** _____

Regardless of payment method, use the **SUBMIT button, fax to 678.298.4109 or scan/email to harper@agcga.org.** Paying by check - mail check and completed application to Machell Harper, AGC Georgia, 1940 The Exchange; Suite 100, Atlanta, GA 30339. For questions about the application, please contact Machell, Senior Director, Member Services, at 678.298.4108 or harper@agcga.org.

Submit