

# APPLICATION FORM

If printing, please duplicate and complete this form for each individual within your company 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: \_\_\_\_\_ Birth date: \_\_\_\_\_

Job Title: \_\_\_\_\_ How Long in This Position: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ College Attended: \_\_\_\_\_

## Sponsoring Company's Information

Company Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Principal with Sponsoring Company: \_\_\_\_\_

## For Applicant to Complete

1. Tell us about yourself. Either write or type in the space below or submit on separate file by email.

*Example:* At present company for 4 years; previously worked for LMN Company for 3 years; graduated from XYZ College with degree in Construction Management. I enjoy spending time with family, and playing in my softball league. Currently, I'm a project manager on the new office complex in Gwinnett County. I am also active in these other associations...

2. To enhance your leadership experience. YLP members are encouraged to serve on one of three Areas of Focus.

Please select the Area(s) of Focus of most interest to you:

Membership Development/Networking

Charitable Works

Professional Development

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

## Payment Options:

Invoice my company for the \$600 Young Leadership Program annual fee.

Charge my credit card in the amount of \$600  Visa  MC  AmEx  Discover

Card Number: \_\_\_\_\_ Name on Card \_\_\_\_\_ Exp: \_\_\_\_\_

Regardless of payment method, please scan and email completed application 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.