

Application for Membership

Specialty Contractor

Firm Name _____ **Year est.** _____

License Number (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Shipping Address _____

City _____ State _____ Zip _____

Company Website _____

Who at your firm is designated the primary contact with AGC Middle TN Branch?

Name _____ Title _____

Email _____

Head of Company (if different from above) as you wanted listed in company profile?

Name _____ Title _____

Email _____

Value of Company's largest project \$ _____ **Number of employees** _____

Is your firm bondable? Yes No **Capacity** _____

Do any of your employees work at construction sites? Yes No

Is your firm minority owned (DBE/MBE/WBE)? Yes No

If yes: members are showcased at AGC Diversity Day, please fill out below.

State Projects MBE MFBE AIA APA

BA HA NA FBE

Federal Projects DBE SBE 8a Disabled Veteran

Is your firm located in a HubZone? Yes No

Do you carry workers' compensation & general liability insurance? Yes No

If you are affiliated with another AGC Chapter, please give name _____

Name of Company who referred you to AGC _____

Help your staff learn and succeed by helping AGC provide the right information to the right people. Please list all individuals to receive general industry information and topical information on:

Safety: Include name below in printed *Membership Roster*?

Yes No

Name _____ Title _____

E-mail _____

Business Development : Include name below in *Roster*?

Yes No

Name _____ Title _____

E-mail _____

Human Resources: Include name below in *Roster*?

Yes No

Name _____ Title _____

E-mail _____

Training/Education: Include name below in *Roster*?

Yes No

Name _____ Title _____

E-mail _____

Estimating: Include name below in *Roster*?

Yes No

Name _____ Title _____

E-mail _____

Technology: Include name below in *Roster*?

Yes No

Name _____ Title _____

E-mail _____

Project Management: Include name below in *Roster*?

Yes No

Name _____ Title _____

E-mail _____

Other Key Contact: Include name below in *Roster*?

Yes No

Name _____ Title _____

E-mail _____

REFERENCES (firms you have done business with- preferably AGC of TN member firms)

1. Firm Name _____
Contact _____
Mailing Address _____
City _____ State _____ Zip _____
2. Firm Name _____
Contact _____
Mailing Address _____
City _____ State _____ Zip _____

AGC ANNUAL DUES & MEMBERSHIP TERMS

Subcontractors pay one yearly flat fee to be a member of AGC of TN, Middle TN Branch.

Yearly Dues are \$1,200.00 a year

Enclosed is first year's membership dues payment

\$ _____

Optional Local Construction PAC Donation

Check made out to Middle TN Construction PAC

\$ _____

Total \$ _____

Make check payable to AGC of Tennessee Middle Tennessee Branch. Please call 615-244-6344 to pay with credit card.

2924 Foster Creighton Dr
Nashville, TN 37204

Members of AGC of TN, Middle TN branch are automatically members of AGC of America and AGC of Tennessee.

The firm agrees: to accept the obligations as well as the privileges of membership; that it will be governed by the Articles of Incorporation and Bylaws, Rules & regulations and fees schedule of The Associated General Contractors of America. Inc and the AGC of Tennessee.

I consent for my company to receive communications sent by or on behalf of AGC of Tennessee, Middle TN Branch via mail, e-mail, phone or fax.

Signature _____

Title _____

Date _____

Your membership dues to AGC of Tennessee are deductible expenses for Federal Income Tax purposes as ordinary and necessary business expense according to IRS Code Section 162(e). Contributions or gifts to AGC of TN, Middle TN Branch are not deductible as charitable contributions for Federal income tax purposes.

An amount equal to 8% of dues is allocable to lobbying activities conducted by the Association on behalf of its members. Members are not allowed a deduction for Federal Income Tax purposes for this portion of their dues.