



AGC Las Vegas MEMBERSHIP APPLICATION

Company Name _____

Primary Contact Name _____ Title _____

Alternative Contact _____ Title _____

Address _____ City/State/Zip _____

Phone _____ Fax _____

Web Site Address _____

Primary Contact's E-mail _____

Alternative Contact's E-mail _____

Please identify the individual, if any, who encouraged you to join the AGC: _____

Category

Annual Dues

Affiliate Member

\$750

Furnishes services related to, or derives a benefit from, the construction industry, including but not limited to insurance, legal, accounting, bonding, technological, financial and messenger/delivery services. Also includes Government Agencies and Owners/Developers.

Associate Member

\$850

Manufacturers, suppliers or distributors of job site material and/or equipment as well as subcontractors.

Please check one:

Supplier

Specialty Contractor or Subcontractor

General Contractor

with gross annual southern Nevada revenues:

Under \$2 million

\$1,400

Between \$2 million and \$5 million

\$2,700

Between \$5 million and \$10 million

\$4,100

Between \$10 million and \$20 million

\$6,800

Between \$20 million and \$45 million

\$9,400

Over \$45 million

\$10,600

Please indicate your firm's labor practice:

Open Shop

Union

Not Applicable

Please indicate your firm's DBE certification:

Women Owned

Minority Owned

Not Applicable

Note: A member may be entitled to the following reductions:

(1) Annual dues for a subsidiary or affiliate of another member of the Las Vegas chapter may be reduced by half (50 percent).

(2) Annual dues for a general or specialty contractor member paying Contract Administration Fees to the Las Vegas AGC may be paid in full from the Contract Administration Fund.

Affiliates:

If interested in becoming a dual member of AGC and one of the following affiliates at a special rate, please indicate below:

FCA

NAMC

NAWIC

Payment Options:

A check is enclosed for \$ _____.

Dues may be charged to:

Visa

MasterCard

American Express

Card Number _____ Expiration Date _____

Amount \$ _____ Billing Zip Code _____ Signature _____

Subcontractor, Specialty Contractor and General Contractors, please complete the following:

Years in business under present name _____

Previous business Name or Employment if less than five (5) years _____

Type of Business _____ Approximate total number of employees _____

List all applicable State Contractors License numbers: _____

Please list the names of Owners, Partners or Officers of the Company

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

List the categories or CSI sections that your organization normally performs:

Is your company bondable? Yes No N/A

(If N/A or not bondable, please provide explanation.)

Bonding capacity in aggregate: \$ _____ Bonding capacity per project \$ _____

Completion and submittal of this form constitutes both my application for membership in the AGC and consent for my company to receive communications sent by or on behalf of the Las Vegas AGC and the AGC of America via regular mail, e-mail, telephone and fax.

Signature

Date

COMPLETED APPLICATIONS ARE SUBMITTED TO THE BOARD OF DIRECTORS. PLEASE ALLOW UP TO EIGHT WEEKS FOR APPROVAL.

Do you have questions? Contact Membership Director Cheryl Flashner-Hood at 702.796.9986 or cheryl@agclv.org.

Mail completed application and full payment to:

AGC, 150 N. Durango Drive, Suite 100 – Las Vegas, Nevada 89145 or fax it to 702.796.1629.

We appreciate the opportunity to exceed your expectations!

For Office Use Only

Date Application Received _____ Date Received Application Letter Sent _____ Date Board Approved _____ Date New Member Packet Sent _____