

Associated General Contractors of America application for Associate membership

Please **return the completed form** to Angela Crawford at acrawford@buildersassociation.com.

Please type or print

Firm Name _____

Firm Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____ Website _____

Name _____ Title _____ Email _____

(Person to whom all communications will be sent)

Names of Officers or Partners:

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

My firm is a: ____ (SC) Specialty Contractor/Subcontractor ____ (SP) Service/Supplier/Manufacturer

The NAICS code that best describes my Firm's area of specialization is (please see 1. **NAICS Codes** on next page):

The CSI code that best describes my Firm's area of specialization is (please see 2. **CSI Codes** on next page):

Division

(Signature of Authorized Representative) (Date)

(Title of Representative)

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that this information will be used for the purpose of determining my firm's eligibility for membership in the Association and that it may be made available to other members of the Association. I agree to abide by the rules and regulations of the Association and to pay the membership dues as required.