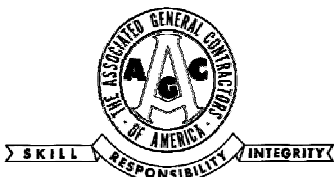


Office use only
 Date: _____
 New Member
 Member Update
 Resignation
 Member #: _____
 National ID: _____

Alabama AGC



Membership Application and Update Form

Office use only
 Section: _____
 GC
 Provisional
 Non-Home
 Associate _____ Type
 Worker's Comp Member

Company Name: _____

Contact Person: #1 _____ Title: _____

Contact Person: #2 _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax _____

Email: _____ Website: _____

By providing the information above, I am agreeing to receive communication sent by or on behalf of the Alabama AGC and The Associated General Contractors of America via mail, telephone, fax or email.

Was the firm ever a member of AGC under its present name or any other name? _____

For New General Contractor Members

State General Contractor's License Number: _____

Primary Construction Type: _____

Other Construction Types Performed (circle all that apply):

Building Highway Heavy Industrial Municipal Utilities Railroad Foreign

For New Associate Members

Please briefly describe the scope of your work. _____

Type: (circle one only) Subcontractor Manufacturer/Supplier Service Company Distributor/Dealer

Specialization Code (National Associate Membership Classification): _____

Limit 3 codes only

**If you have any questions, please call Daryl Hutchins at the Alabama AGC
 205-451-1455 or 1-800-632-2025**

**Mail completed forms to:
 Alabama AGC
 Attn: Membership
 P.O. Box 102066
 Irondale, AL 35210**