



# 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

If applicable, please indicate your firm's DBE certification:  Women Owned  Minority Owned

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 Marketing Coordinator Arron Pfeifer at 702-796-9986 or arron@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 \_\_\_\_\_