



**APPLICATION FOR MEMBERSHIP
ASSOCIATE**

Please Print or Type

FIRM NAME: _____

MAILING ADDRESS: _____ ZIP: _____ - _____

SHIPPING ADDRESS: _____ ZIP: _____ - _____

CITY: _____ STATE: _____

PHONE: (____) _____ FAX: (____) _____

EMAIL: _____ WEBSITE: _____

NAMES OF PARTNERS OR OFFICERS OF CORPORATION: _____

BRIEF DESCRIPTION OF BUSINESS: _____

NAME OF PERSON IN YOUR FIRM TO RECEIVE OFFICIAL COMMUNICATIONS AND
BILLING INVOICES: _____

NAMES OF PERSONS TO RECEIVE AGC MAILINGS (newsletters, meeting notices, etc):

We hereby apply for membership with the Associated General Contractors of Kansas, Inc. A check is enclosed.

ASSOCIATE DUES - \$575/year

Signature: _____ Date: _____

AGC of Kansas
200 SW 33rd St.
Topeka KS 66611
785-266-4015
jmuller@agcks.org