



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:

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

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.):

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

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
PO Box 86
Topeka KS 66601
785-266-4015
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