



Associated General Contractors of Virginia Inc.
11950 Nuckols Rd., Glen Allen, VA 23059
804.364.5504 804.364-5511 (fax)

2021 MEMBERSHIP APPLICATION

General Information

Company Name _____

Company E-mail _____

Phone _____ Fax _____

Website _____

Link to AGC's website? Yes No

Recruiter _____ Recruiter's Company _____

Membership Type (check one)

Contractor \$1,000*
* Dues in subsequent years are based on volume.

Owner/Developer \$560

Supplier/Service Provider \$1,000**
** Dues in subsequent years are based on number of employees.

Education \$75

Mailing Address

Address _____

Address _____

City _____ State _____ Zip _____

Physical Address (if different from mailing)

Address _____

Address _____

City _____ State _____ Zip _____

Company Representatives

Main Contact _____ (Job Title) _____

E-Mail _____

Accounting Contact _____ (Job Title) _____

E-Mail _____

Safety Contact _____ (Job Title) _____

E-Mail _____

HR / Training Contact _____ (Job Title) _____

E-Mail _____

Certifications

SWaM

DBE

SDVOSB

list others:

Company Specialties - choose up to 6 from Category list

Additional Branch Offices (use additional sheet if necessary)

Address _____	Main Contact _____ (Job Title)
Address _____	E-Mail _____
City _____ State _____ Zip _____	Phone _____ Fax _____
Address _____	Main Contact _____ (Job Title)
Address _____	E-Mail _____
City _____ State _____ Zip _____	Phone _____ Fax _____

Signature

Membership dues are deductible expenses for Federal Income Tax purposes according to IRS Code §162(e). Currently, 6% of these dues, based on lobbying expenses, are not deductible in accordance with IRC §6033.

I hereby make application for membership in the AGC of Virginia Inc. and agree to abide by its Bylaws. I understand that by providing mailing address, e-mail, phone number, and fax number, I consent to receive communications sent by or on behalf of AGC of Virginia Inc. via mail, e-mail, phone, or fax.

Printed Name: _____

Signature: _____

Payment Due with Application

- Check enclosed
- Credit Card (Visa, MasterCard, AmEx, Discover)

Card # _____	Amount _____
Cardholder Name _____	Expiration Date _____
Signature _____	CVV Code _____