

APPLICATION FOR SUBCONTRACTOR MEMBERSHIP

BUILDERS ASSOCIATION CHAPTER

Company Information

Company Name _____
Contact Name _____ Title _____
Phone _____ Fax _____
Website _____ E-mail _____

Street Address

Address _____
City _____ State _____
Zip _____ County _____

Mailing Address (if different than street address)

Address _____
City _____ State _____
Zip _____ County _____

General Information

Year founded _____ Type of business _____

Company Designation: _____ Certified MBE _____ Certified WBE _____ Certified DBE

Is the company certified with one or more of the following recognized agencies?

____ City of Chicago	Renewal Date _____	____ I.D.O.T.	Renewal Date _____
____ SBA/8A	Renewal Date _____	____ CTA	Renewal Date _____
____ CMBDC	Renewal Date _____	____ CMS	Renewal Date _____
____ CDB	Renewal Date _____		

Have any principals from the firm ever been convicted of a felony? _____ Yes _____ No

Does the firm and each of its employees have all licenses required of them by law to engage in the type(s) of work they perform? _____ Yes _____ No

Business References (please provide information for two references to contact in order to verify your firm's business credentials)

1. _____	Name	Relationship	Company	Phone
2. _____	Name	Relationship	Company	Phone

Terms of Agreement

\$35 of your Membership dues to the Builders Association are not deductible expenses for Federal Income Tax purposes as ordinary and necessary business expenses according to IRS Code, Section 162(e). Contributions or gifts to the Builders Association PAC are not deductible as charitable contributions for Federal Income Tax purposes. Dues are nonrefundable

The undersigned submits that all of the information provided to the Builders Association on this Application is true and correct and understands that any false statements may lead to punitive action by the Board of Directors up to and including suspension from membership. The undersigned herewith also makes application for membership to the Builders Association and agrees to be governed by and abide by the provisions of the Constitution, Bylaws and Policies of the Builders Association as they now are and as they may be amended from time to time.

The undersigned understands that by providing their mailing address, telephone, fax and email address, they consent to receive communications sent by or on behalf of the Builders Association, the Builders Association Scholarship Foundation and the Builders Association Political Action Committee. This form allows the Builders Association, and its affiliated organizations listed above, to send membership information, renewal notices, training and promotional materials for association programs, advertising and other commercial materials to the above company via regular mail, telephone, fax or email.

Signature _____ Title _____ Date _____

Referred by _____ Company _____

FIRST YEAR DUES OF \$950 MUST ACCOMPANY ALL MEMBERSHIP APPLICATIONS.
DUES ARE PRORATED QUARTERLY.

AGC membership is provided as a complimentary benefit by the Builders Association

PROFILE FORM FOR SUBCONTRACTOR

BUILDERS ASSOCIATION CHAPTER

This profile form must be completed and returned with your 2012 Dues Payment. This information gives us accurate membership statistics which help us increase our influence and credibility as the Chicagoland construction industry's leading advocate to construction purchasers, government bodies and the public. *All information provided will be kept strictly confidential.*

Company Information

Company Name _____

Primary Contact _____ Title _____

Address _____ City _____ State _____

Zip _____ County _____ Phone _____

Fax _____ Cell Phone Number _____

E-mail _____ Website _____

Additional Company Officers	Title	Phone	E-mail
_____	_____	_____	_____
_____	_____	_____	_____

Company Description (100 words maximum –for online Membership Directory use and other promotional efforts)

Management

To help us communicate with the appropriate individuals in your firm, please provide us information for the individuals responsible for each of the following areas. If an employee has more than one responsibility, please list in each area.

Management	Title	Phone	E-mail
Information Technology	_____	_____	_____
Labor	_____	_____	_____
Marketing	_____	_____	_____
Project Management	_____	_____	_____
Safety	_____	_____	_____
Training	_____	_____	_____

Company Financials (for most recently completed fiscal year)

Company Revenue: \$ _____

(Please include all construction work performed in the most recently completed fiscal year, measured by work put in place, including that portion subcontracted to or from others in the following counties: Boone, Cook, DeKalb, DuPage, Grundy, Kane, Kankakee, Kendall, Kenosha-WI, Lake-IL, Lake-IN, LaSalle, McHenry, Porter-IN, Walworth-WI and Will.)

Specialization: (please indicate any specialized areas of construction, e.g. Post Offices, Gas Stations, Churches, etc.)
