

APPLICATION FOR GENERAL CONTRACTOR MEMBERSHIP

BUILDERS ASSOCIATION CHAPTER

Regular Member applicants must be: Any person, firm or corporation capable of undertaking construction work as a prime contractor with overall responsibility for the satisfactory completion of the project.

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

Other AGC of America chapters in which your firm holds membership _____

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

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 _____ Firm _____

FIRST YEAR DUES MUST ACCOMPANY ALL MEMBERSHIP APPLICATIONS.
DUES ARE PRORATED QUARTERLY.
PLEASE SEE ATTACHED DUES TABLE.
AGC membership is provided as a complimentary benefit by the Builders Association

PROFILE FORM FOR GENERAL CONTRACTOR

BUILDERS ASSOCIATION CHAPTER

This profile form **must** be completed and returned with your membership application. 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 _____

Phone _____ Fax _____

Website _____ E-mail _____

Address _____ City _____ State _____

_____ Zip _____ County _____

This location is: Headquarters Branch Office

Additional Company Officers	Title	Phone	E-mail
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Company Description (100 words maximum –for online Membership Directory use and other promotional efforts)

Other industry associations in which your firm holds membership:

Management	Title	Phone	E-mail
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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.

Information Technology	_____	_____	_____
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Labor	_____	_____	_____
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Marketing	_____	_____	_____
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Project Management	_____	_____	_____
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Safety	_____	_____	_____
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Training	_____	_____	_____
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Subsidiary Company

Company _____ Address _____
 Contact _____
 Phone _____ Fax _____ City _____
 Email _____ State _____ Zip _____

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.)

Employee Demographics

Number of Chicagoland employees: 1. Non-trade: _____ Trade: _____ 2. Project Managers: _____ Superintendents: _____

Number of workers you employ by trade:

<input type="checkbox"/> Bricklayers: _____	<input type="checkbox"/> Carpenters: _____	<input type="checkbox"/> Cement Masons: _____
<input type="checkbox"/> Painters: _____	<input type="checkbox"/> Plasterers: _____	<input type="checkbox"/> Laborers: _____
<input type="checkbox"/> Teamsters: _____	<input type="checkbox"/> Tuckpointers: _____	<input type="checkbox"/> Operators: _____
<input type="checkbox"/> Plumbers: _____	<input type="checkbox"/> Sheet Metal: _____	<input type="checkbox"/> Ironworkers: _____
		<input type="checkbox"/> Electricians: _____
		<input type="checkbox"/> Pipefitters: _____
		<input type="checkbox"/> Other (please specify): _____

Percentage of work that is self-performed: _____% (as a percentage of Chicagoland revenues from most recently completed fiscal year)

Market Demographics

Market segments served: (indicate each as a percentage of Chicagoland revenues from your most recently completed fiscal year)

Manufacturing: _____%	Educational: _____%	Tenant Improvement: _____%	Warehouse Distribution: _____%
Office: _____%	Hospitality: _____%	Utility/Underground: _____%	Multi-Family/Residential: _____%
Retail: _____%	Health Care: _____%	Heavy/Highway: _____%	Gov't./Municipal/Public: _____%
Other: _____% (please specify: _____)			

Total Chicagoland square footage completion: _____ square feet (based on your most recently completed fiscal year)

Construction projects completed: (indicate each as a percentage of Chicagoland revenues from the most recently completed fiscal year)

1. Public: _____% Private: _____%
2. Bid: _____% Negotiated: _____%
3. General Construction: _____% Design Build: _____% CM-Agency: _____% CM at Risk: _____%

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

Please mail or fax application, profile form and bargaining rights form (if applicable) to:
 Builders Association, 9550 W. Higgins Rd., Suite 380, Rosemont, IL 60018, fax: 847-318-8586.
Questions? Call 847-318-8585 or visit bldrs.org