

APPLICATION FOR SUPPLIER MEMBERSHIP

BUILDERS ASSOCIATION CHAPTER

Affiliate Member applicants must be: Any person, firm or corporation, of good repute, whose business function serves the construction industry as a supplier.

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 _____

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 _____

Sponsored by (optional) _____ Firm _____

FIRST YEAR DUES OF \$650 MUST ACCOMPANY ALL MEMBERSHIP APPLICATIONS.

DUES ARE PRORATED QUARTERLY.

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

PROFILE FORM FOR SUPPLIER MEMBERSHIP

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 will be kept strictly confidential.*

Company Information

Company Name _____
Primary Contact _____ Title _____
Phone _____ Fax _____
Website _____ E-mail _____
Address _____ City _____ State _____
_____ Zip _____ County _____

Company Officers

Title

Phone

E-mail

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

Company Description (50 words maximum - this will be used in the Membership Directory and in promotional efforts)

Other construction industry associations in which your firm holds membership:

Employee Demographics

Number of Chicagoland employees: _____ Non-trade

Market Demographics

Primary service to the Chicagoland construction industry:

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Supplier of Construction Equipment
Type: _____ |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Supplier of Construction Materials
Type: _____ |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Consulting
Type: _____ |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Bonding | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employee Benefits | |
| <input type="checkbox"/> Engineering | |
| <input type="checkbox"/> Financing | |
| <input type="checkbox"/> Insurance | |
| <input type="checkbox"/> Legal | |

Please mail or fax application and profile form to: Builders Association, 9550 W. Higgins Road, Suite 380, Rosemont, IL 60018.
Fax: (847) 318-8586. Any questions? Call (847) 318-8585 or visit bldrs.org.