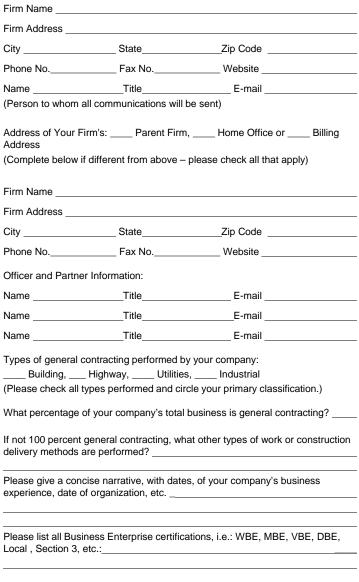
Application



The Company hereby makes application for membership in the ASSOCIATED GENERAL CONTRACTORS OF AMERICA, and the KANSAS CITY CHAPTER, AGC on the basis of the foregoing statements and refers to the persons named below who are personally familiar with the Company and its work.



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Member information form

This Company certifies that the foregoing statements are correct, and agrees if elected to membership that in accepting the privileges it will also accept the obligations of membership; that it will be governed by the Articles of Incorporation and Bylaws of the National Association and also by the Rules and Regulations and Dues Schedule of the KANSAS CITY CHAPTER, AGC as long as a member, and furthermore agrees to promote the objectives of the Association.

The Company further agrees that, out of its annual dues to the National Association, \$15.00 shall be applied to an annual subscription to the CONSTRUCTOR magazine and \$15.00 to an annual subscription to the National AGC Newsletter.

I, by my signature below, hereby make application for membership in the ASSOCIATED GENERAL CONTRACTORS OF AMERICA and the KANSAS CITY CHAPTER, AGC. I further understand that by signing below and providing my company's mailing address, telephone and fax numbers, and email address, my company consents to receive communications sent by or on behalf of the Builders' Association, the Kansas City Chapter, AGC, and the Associated General Contractors of America via mail, telephone, e-mail, or fax.

(Signature of Authorized Representative)

| (Title of Representative) | | |
|---|---|----------------------------|
| Please Note: Your membersh expenses for Federal income 1 162(e). Contributions or gifts to to contributions for Federal income | tax purposes acc the Association are | ording to IRS code section |
| Please provide four references o company's integrity and financial | • | e knowledge of your |
| Name | Phone | |
| (Financial Institution) | | |
| Name | Phone | |
| (Contractor or Other Industry Re | | |
| Name | Phone | |
| (Other) | | |
| Name | Phone | |
| (Other) | | |
| Contact person for Safety mailing | gs? Include in rost | er? Yes No |
| Name | Title | E-mail |
| Contact person for Educational mailings? Include in roster? YesNo | | |
| Name | Title | E-mail |
| Contact person for Plan Room mailings? Include in roster? Yes No | | |
| Name | Title | E-mail |
| | | |



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(Date)

www.buildersassociation.com

(revised 9/13 effective 1/14)