

General Contractor/Construction Manager/Design Builder



Firm Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Company website address _____ Year established _____

Total cash receipts _____

Who at your firm is the designated primary contact with AGC of Michigan?

Name _____ Title _____

Email _____

Head of company (if different from above) as you want listed in Membership Roster

Name _____ Title _____

Email _____

AGC of Michigan Dues & Membership Terms -- Members of AGC of Michigan are automatically members of AGC of America. This firm agrees to accept the obligations as well as privileges of membership and that it will be governed by the Bylaws and fee schedule of AGC of America and AGC of Michigan.

I consent for my company to receive communications sent by or on behalf of AGC of Michigan via mail, email, phone or fax.

Signature _____ Date _____

Membership Dues: Dues are based on your firm's yearly volume. Please contact Michael Smith at (248) 763-8520 to determine the dues rate.

Enclosed is the first-year's membership dues made payable to:

AGC Michigan, 2323 N. Larch, Lansing, MI 48906

Payment enclosed

Or bill my: Mastercard Visa American Express

Account # _____ Expiration Date _____

Signature _____

Tax Deduction-Your membership dues to the AGC of Michigan are deductible as ordinary business expenses according to IRS Code Section 162(e). The percentage of your dues that represents non-deductible lobbying costs is 3.5%.

References _____

Nature of business/descriptive keywords for your firm's work (limited to 25 words) _____

**Help your staff learn and succeed by helping AGC provide the right information to the right people.
Please list all individuals to receive general industry information and topical information on:**

Communications/Marketing

Name _____ Title _____

E-mail _____

Education/Training

Name _____ Title _____

E-mail _____

Human Resources

Name _____ Title _____

E-mail _____

CFO/Financial Manager

Name _____ Title _____

E-mail _____

Safety

Name _____ Title _____

E-mail _____

Technology

Name _____ Title _____

E-mail _____

Workforce Development

Name _____ Title _____

E-mail _____

Construction Leadership Council (young professionals)

Name _____ Title _____

E-mail _____

Reason(s) for joining AGC:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Labor/HR | <input type="checkbox"/> Safety Services | <input type="checkbox"/> Health Plan |
| <input type="checkbox"/> Workers' Comp Program | <input type="checkbox"/> Legislative Influence | <input type="checkbox"/> Networking | |
| <input type="checkbox"/> Discount Programs i.e. Verizon, Enterprise | <input type="checkbox"/> Other: _____ | | |