



# CENTRAL OHIO AGC

## AFFILIATE MEMBERSHIP APPLICATION

Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Website Address: \_\_\_\_\_

**Main Contact: (Person will receive all communications from Central Ohio AGC.)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other persons to be added to the Central AGC of Ohio database in order to receive Central Ohio AGC communications:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date company began: \_\_\_\_\_

**Membership Classification:** Affiliate  
**Dues Structure (yearly)** Affiliate:\$300

Affiliate members engage principally in the manufacture and/or sale of materials, equipment, and/or services used by contractors engaged in construction i.e. Accounting, Architects, Banks, Engineers, Equipment, Lawyers, Printing, Suppliers etc.

**All new members must be recommended by a current AGC member in good standing.**

**Our company was Recommended by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(I, We) hereby apply for membership in Central Ohio AGC. (I, We) certify that the foregoing statements are correct and agree, if elected, that (I, We) will be governed by the Articles of Incorporation, By-Laws and Rules of Procedure of the Association as long as (I, We) continue membership. I understand that by returning this form, I consent to receive communications sent by or on behalf of the Central Ohio AGC via U.S. Mail, e-mail, telephone. Communications may include meeting notices, newsletters, and informational bulletins.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Central Ohio AGC • 1755 Northwest Blvd • Columbus, OH 43212 • Ph (614) 486-6446 • dan@agcohio.com