

CENTRAL OHIO AGC

SUBCONTRACTOR MEMBERSHIP APPLICATION

Office Address: City/State/Zip:		
Phone:	Website Address:	
Main Contact: (Person will receive all communications from Central Ohio AGC.)		
Tit	le:	
e Central AGC of Ohio database in orde	er to receive Central Ohio AGC	communications:
Email Add	dress:	
Email Add	ress:	
Email Ad	dress:	
Number of employees:	Union	Non-union
ement problems, and who emplostry.	oy personnel directly cor	nnected with
n good standing. Our comp		
	Wohsita	rione
embership in Central Ohio AGC. (I, vill be governed by the Articles of Incorpora tand that by returning this form, I consent	. We) certify that the for tion, By-Laws and Rules of Proced to receive communications sent	dure of the Association as long as (I, by or on behalf of the Central Ohio
	Date:	
	Phone: eive all communications from Central Central AGC of Ohio database in order Email Add Email Add Mumber of employees: tion: Subcontractor Dues are considered Associate Member of the central and who employees. Title: T	City/State/Zip: Phone:

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