

# APPLICATION FOR SUPPLIER MEMBERSHIP

In the CHICAGOLAND AGC Chapter of AGC of America

We appreciate your interest in the Chicagoland AGC and look forward to serving you.  
Please complete the following information and return with \$800 annual dues payment.  
*All information provided will be kept strictly confidential.*

## Company Information

Company Name \_\_\_\_\_ Additional Company Name DBA \_\_\_\_\_  
 Primary Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Website \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

## General Information

Year founded \_\_\_\_\_ Company Designation(s): \_\_\_ Certified MBE \_\_\_ Certified WBE \_\_\_ Certified DBE

## Company Description (100 words maximum –for online Membership Directory use and other promotional efforts)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Market Demographics

Primary service to the Chicagoland construction industry:

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting        | <input type="checkbox"/> Supplier of Construction Equipment<br>Type: _____ |
| <input type="checkbox"/> Architecture      | <input type="checkbox"/> Supplier of Construction Materials<br>Type: _____ |
| <input type="checkbox"/> Auditing          | <input type="checkbox"/> Consulting<br>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             |  |

## Management

So we may provide effective service to your firm, please provide the following information for all employees whom you wish to receive Chicagoland AGC communications:

Name	Title / Area of Expertise	Phone	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Terms of Agreement**

\$35 of your Membership dues to the Chicagoland AGC are not deductible expenses for Federal Income Tax purposes as ordinary and necessary business expenses according to IRS Code, Section 162(e). Contributions or gifts to the Chicagoland AGC PAC are not deductible as charitable contributions for Federal Income Tax purposes. Dues are nonrefundable.

The undersigned submits that all of the information provided to the Chicagoland AGC on this application is true and correct. The undersigned agrees to be governed by and abide by the provisions of the Constitution, Bylaws and Policies of the Chicagoland AGC as they now are and as they may be amended from time to time.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please indicate from where you learned about Chicagoland AGC: \_\_\_\_\_

**FIRST YEAR DUES OF \$800 MUST ACCOMPANY ALL MEMBERSHIP APPLICATIONS.**  
AGC membership is provided as a complimentary benefit by the Chicagoland AGC  
**Please mail or email application form with dues payment to:**  
One Oakbrook Terrace | Suite 210 | Oakbrook Terrace | IL | 60181  
773.444.0465 | info@chicagolandagc.org