Application for membership  
The Builders, a chapter of the AGC

The Builders, a chapter of the AGC, exists to serve, support and advance the commercial construction industry. Our passion is to provide exceptional services with integrity, and our strength is derived through evolution, collaborating with leaders in construction and beyond to meet the needs of our membership to help them build their businesses and, in turn, build the heartland.

# General information

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| --- | --- |
| COMPANY NAME *This will be used in all references to your company.*  Click or tap here to enter text. | |
| DESCRIPTION OF YOUR COMPANY AND SERVICES *This information will be posted on The Builders website. Please limit the description to 50 characters.*  Click or tap here to enter text. | |
| OFFICE PHONE NUMBER  Click or tap here to enter text. | |
| STREET ADDRESS  Click or tap here to enter text. | STATE  Click or tap here to enter text. |
| CITY  Click or tap here to enter text. | ZIP CODE  Click or tap here to enter text. |
| WEBSITE  Click or tap here to enter text. | YEAR COMPANY WAS FOUNDED  Click or tap here to enter text. |
| DO YOU WANT TO LIST ANOTHER ADDRESS  FOR BILLING OR MAILING?  Click or tap here to enter text. | TYPE *(Billing, mailing or home office)*  Click or tap here to enter text. |
| STREET ADDRESS  Click or tap here to enter text. | STATE  Click or tap here to enter text. |
| CITY  Click or tap here to enter text. | ZIP CODE  Click or tap here to enter text. |

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| --- |
| CSI DIVISION(S) *(See the* [*CSI Division sheet*](http://www.thebuildersagc.com/Common/Uploaded%20files/Membership/CSI_Divisions_FILLABLE.pdf)*)*  Click or tap here to enter text. |
| SELECT ALL FIRM CERTIFICATIONS YOU WANT LISTED IN THE MEMBER DIRECTORY  DBE (Disadvantaged Business Enterprise)  WBE (Woman Business Enterprise)  MBE (Minority Business Enterprise)  LBE (Local Business Enterprise)  SLBE (Small Local Business Enterprise)  VBE (Veteran Business Enterprise)  SDB (Service Disabled Business)  SDVE (Service Disabled Veteran Enterprise)  SDVOB (Service Disabled Veteran Owned Business  Section 3 Certified |
| BARGAINING RIGHTS  Check this box if you are interested in information assigning bargaining rights to The Builders. *You will be contacted by our team.*  BILLING SCHEDULE  *Select when you would like to be invoiced:*  ANNUALLY  SEMI-ANNUALLY |

# Key contacts

|  |  |  |  |
| --- | --- | --- | --- |
| MAIN CONTACT *This person will receive all communications and be listed in the member directory.* | | | |
| PREFIX  Click or tap here to enter text. | FIRST NAME  Click or tap here to enter text. | LAST NAME  Click or tap here to enter text. | SUFFIX  Click or tap here to enter text. |
| TITLE  Click or tap here to enter text. | | EMAIL  Click or tap here to enter text. | |
| MOBILE NUMBER  Click or tap here to enter text. | | OFFICE NUMBER  Click or tap here to enter text. | |
| ADDITIONAL CONTACTS *The Builders will use this information to reach out to the applicable departments.*  **BILLING/HR** | | | |
| PREFIX  Click or tap here to enter text. | FIRST NAME  Click or tap here to enter text. | LAST NAME  Click or tap here to enter text. | SUFFIX  Click or tap here to enter text. |
| TITLE  Click or tap here to enter text. | | EMAIL  Click or tap here to enter text. | |
| MOBILE NUMBER  Click or tap here to enter text. | | OFFICE NUMBER  Click or tap here to enter text. | |
| **GOVERNMENT RELATIONS** | | | |
| PREFIX  Click or tap here to enter text. | FIRST NAME  Click or tap here to enter text. | LAST NAME  Click or tap here to enter text. | SUFFIX  Click or tap here to enter text. |
| TITLE  Click or tap here to enter text. | | EMAIL  Click or tap here to enter text. | |
| MOBILE NUMBER  Click or tap here to enter text. | | OFFICE NUMBER  Click or tap here to enter text. | |
| **LABOR RELATIONS** | | | |
| PREFIX  Click or tap here to enter text. | FIRST NAME  Click or tap here to enter text. | LAST NAME  Click or tap here to enter text. | SUFFIX  Click or tap here to enter text. |
| TITLE  Click or tap here to enter text. | | EMAIL  Click or tap here to enter text. | |
| MOBILE NUMBER  Click or tap here to enter text. | | OFFICE NUMBER  Click or tap here to enter text. | |
| **MARKETING** | | | |
| PREFIX  Click or tap here to enter text. | FIRST NAME  Click or tap here to enter text. | LAST NAME  Click or tap here to enter text. | SUFFIX  Click or tap here to enter text. |
| TITLE  Click or tap here to enter text. | | EMAIL  Click or tap here to enter text. | |
| MOBILE NUMBER  Click or tap here to enter text. | | OFFICE NUMBER  Click or tap here to enter text. | |
| **SAFETY** | | | |
| PREFIX  Click or tap here to enter text. | FIRST NAME  Click or tap here to enter text. | LAST NAME  Click or tap here to enter text. | SUFFIX  Click or tap here to enter text. |
| TITLE  Click or tap here to enter text. | | EMAIL  Click or tap here to enter text. | |
| MOBILE NUMBER  Click or tap here to enter text. | | OFFICE NUMBER  Click or tap here to enter text. | |
| **WORKFORCE/PROFESSIONAL DEVELOPMENT** | | | |
| PREFIX  Click or tap here to enter text. | FIRST NAME  Click or tap here to enter text. | LAST NAME  Click or tap here to enter text. | SUFFIX  Click or tap here to enter text. |
| TITLE  Click or tap here to enter text. | | EMAIL  Click or tap here to enter text. | |
| MOBILE NUMBER  Click or tap here to enter text. | | OFFICE NUMBER  Click or tap here to enter text. | |
| **OTHER** | | | |
| PREFIX  Click or tap here to enter text. | FIRST NAME  Click or tap here to enter text. | LAST NAME  Click or tap here to enter text. | SUFFIX  Click or tap here to enter text. |
| TITLE  Click or tap here to enter text. | | EMAIL  Click or tap here to enter text. | |
| MOBILE NUMBER  Click or tap here to enter text. | | OFFICE NUMBER  Click or tap here to enter text. | |

# The Builders Electronic Plan Room (EPR)

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| --- | --- |
| EPR is available to members only, for an additional fee. Check this box if you are interested in more information about the EPR. *Enter up to five EPR contacts and emails.* | |
| MAIN EPR CONTACT NAME  Click or tap here to enter text. | MAIN EPR CONTACT EMAIL  Click or tap here to enter text. |
| EPR CONTACT TWO NAME  Click or tap here to enter text. | EPR CONTACT TWO EMAIL  Click or tap here to enter text. |
| EPR CONTACT THREE NAME  Click or tap here to enter text. | EPR CONTACT THREE EMAIL  Click or tap here to enter text. |
| EPR CONTACT FOUR NAME  Click or tap here to enter text. | EPR CONTACT FOUR EMAIL  Click or tap here to enter text. |
| EPR CONTACT FIVE NAME  Click or tap here to enter text. | EPR CONTACT FIVE EMAIL  Click or tap here to enter text. |

Please return the completed form to Matt Eberle at [meberle@thebuildersagc.com](mailto:meberle@thebuildersagc.com).

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| --- | --- | --- |
| **INTERNAL USE ONLY** | | |
| ANNUAL VOLUME | MEMBER TYPE | DUES |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |