



## Associated General Contractors of North Dakota

422 North Second Street, PO Box 1624

Bismarck, North Dakota 58502

Phone: (701) 223-2770, Fax: (701) 223-6719, E-mail: sgerhardt@agcnd.org

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### APPLICATION FOR ASSOCIATE MEMBERSHIP

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_ Date of Organization: \_\_\_\_\_

Type of Business:

Subcontractor     Equipment Supplier     Material Supplier     Related Industries

Concise Statement of Business Activities: \_\_\_\_\_

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

#### NAMES OF PARTNERS OR OFFICERS OF THE CORPORATION

President: \_\_\_\_\_ Email: \_\_\_\_\_

Vice President(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Email: \_\_\_\_\_

Others to receive AGC Publication/Correspondence:

Name(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### BUSINESS REFERENCES

AGC Construction Company Owner: \_\_\_\_\_

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**Association Interests**

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- DBE Committee     Safety Committee     Spec Committee     Education Foundation
- State Building Code     One Call Issues     WSI Board     Legislative/PAC Committee
- Annual Convention Committee     Summer Outing Committee
- Other: \_\_\_\_\_

**On the basis of the foregoing statements I/we hereby make application for Associate Membership in the Associated General Contractors of North Dakota.**

**I/we agree if approved, that I/we will be governed by the Constitution and By-Laws and Rules of the Board of Directors of the Association as long as I/we continue to be an Associate Member. Membership will be automatically renewed for one-year periods on January 1 of each year unless the Member provides written notice of its resignation prior to January 1. Member understands and agrees upon renewal of the Member's membership, Member will owe dues for the entire calendar year, without any right to refund or rebate should the Member be suspended or resign.**

**I/we further agree to promote the objectives of the Association, as far as shall be my/our power.**

**FIRM NAME:** \_\_\_\_\_

**SIGNED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_, 20 \_\_\_\_

**Approved by the Board of Directors at the meeting held \_\_\_\_\_, 20 \_\_\_\_**

**Signed:** \_\_\_\_\_ **Executive Vice President**