



IDAHO AGC
THE CONSTRUCTION ASSOCIATION

2023 MEMBERSHIP APPLICATION

Company _____ Join Date _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Please indicate which address is for billing: ☐ Mailing ☐ Physical

Phone _____ Fax _____ Website _____

Number of Employees _____ Annual Volume \$ _____

Company Description

Please provide a detailed description of the work or service you provide to the construction industry. This will be listed in the directory and buyer's guide. Example: ABC Company is an electrical engineering consulting firm providing services for commercial and industrial projects throughout the state of Idaho.

Company Contacts

Primary Contact : Name _____ Title _____

Email _____

(Primary contact will be listed in Membership Directory)

<u>Name</u>	<u>Email</u>
Bid Information _____	_____
Education / Training _____	_____
Legislative _____	_____
Networking/Events _____	_____
Building Committee _____	_____
Highway Committee _____	_____
Workforce Development _____	_____
Monthly News _____	_____

Reason for joining the AGC:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bid Information | <input type="checkbox"/> Networking | <input type="checkbox"/> Job Board |
| <input type="checkbox"/> Legislative Influence | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Discount Programs |
| <input type="checkbox"/> Safety Services | <input type="checkbox"/> Health Plan | <input type="checkbox"/> Workforce Development |

How did you hear about the AGC?

- | | |
|--|--|
| <input type="checkbox"/> Former Member | <input type="checkbox"/> Industry Reputation |
| <input type="checkbox"/> Website/Email | <input type="checkbox"/> Mailer |
| <input type="checkbox"/> Broker | Who? _____ |
| <input type="checkbox"/> AGC Staff | Who? _____ |
| <input type="checkbox"/> Member | Who? _____ |

Idaho AGC Dues & Classification

For General Contractor, Specialty Contractor, and Supplier members, annual dues are based on volume of work done in the state of Idaho for the previous year. Associate members pay a flat rate. Please refer to the charts below to determine your annual dues. AGC of America dues are a part of your Idaho AGC membership dues and entitles you to their membership benefits. **Companies that join mid-year will have pro-rated dues;** please call for your pro-rated amount before submitting payment. A portion of your dues is tax deductible, consult your accountant for information.

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General Contractor

A construction firm capable of undertaking work as a prime contractor with overall responsibility for the satisfactory completion of a project and performs 20% or more of their volume as a General Contractor.

Class _____

Class	Annual Construction Volume \$	Annual Total
1	Under \$2 Million	\$3,120
2	\$2—5 Million	\$4,908
3	\$5—10 Million	\$7,440
4	\$10—20 Million	\$10,128
5	\$20—40 Million	\$11,904
6	\$40-60 Million	\$13,524
7	Over \$60 Million	\$14,760

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Specialty Contractor

A construction firm who usually contracts to a general or an owner for specialized work and whose responsibility is the completion of a specific portion of a project.

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Supplier

Any company furnishing equipment, material or supplies to a contractor.

Class _____

Class	Annual Construction Volume \$	Monthly Dues*	
1	Under \$1 Million	\$140	
2	\$1—5 Million	\$200	
3	Over \$5 Million	\$260	
Class	Annual Construction Volume \$ (Pay Annually and Save!)	Annual Dues	Discount
1	Under \$1 Million	\$1,272	32%
2	\$1—5 Million	\$1,812	32%
3	Over \$5 Million	\$2,484	26%
*Members who opt to pay dues monthly must provide 90 days' notice to cancel membership.			

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Associate

Any firm providing professional services to a contractor or supplier.

Monthly Dues*	
\$140	
Annual Dues (Pay Annually, and Save!)	Discount
\$1,272	32%
*Members who opt to pay dues monthly must provide 90 days' notice to cancel membership.	

Payment Information

☐ Check Enclosed For \$ _____

☐ Charge Credit Card \$ _____

Card # (a 3.25% Credit Card fee will be added) _____ Expiration _____ CVV _____

Cardholder's Name _____ Cardholder Signature _____

This application must be completed in it's entirety, signed and dated. The firm listed on Page 1 applies for membership in the Idaho Associated General Contractors, a chapter of the Associated General Contractors of America, Inc. By submitting this application, the firm agrees to the terms and conditions of AGC's bylaws , to make timely dues payments, and to pledge the submitted information is correct for their company and any information obtained under such company from the Idaho AGC is proprietary and will not be shared. Membership dues are subject to change.

Application Signature (required) _____