

**APPLICATION – SUPPLIER/SERVICE PROVIDER
MEMBERSHIP**

- _____ **TRI-CITIES FULL MEMBERSHIP (Annual Dues \$600)**
- _____ **ONE-TIME BUILDING ASSESSMENT FEE (\$100)**
- _____ **TRI-CITIES *BRANCH* MEMBERSHIP ONLY (Annual Dues \$260)**
- _____ **TRI-CITIES FULL MBRSHIP DUES W/O NAT'L DUES (\$475)**

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail Address _____ Web Site Address _____

Authorized Representatives and Titles _____

Contact for Bulletin Mailing _____

Please Choose One: Mail Bulletin to E-Mail Address: _____
Mail to Street Address: _____

Line of Business/Categories to be Listed Under in the AGC Weekly Bulletin Cover (You may choose up to 10.)

AGC Member Sponsor: Company and/or Individual _____

Reference (Client, Bank, etc.) _____

Please check if you currently have membership in any of the following:

_____ Knoxville Tenn. Branch _____ West Tenn. Branch
_____ Middle Tenn. Branch _____ Other State(s) _____

Authorized Representative Signature _____ Date _____

Please Mail Application & Check To: Tri-Cities AGC, 249 Neal Dr., Blountville, TN 37617

Office Use Only: Review Date _____ Mentor _____