

**APPLICATION – SUBCONTRACTOR/SPECIALTY
MEMBERSHIP**

- _____ **TRI-CITIES FULL MEMBERSHIP (Annual Dues \$600)**
- _____ **ONE-TIME BUILDING ASSESSMENT FEE (\$200)**
- _____ **TRI-CITIES *BRANCH* MEMBERSHIP ONLY (Annual Dues \$150)**
- _____ **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** _____