

# APPLICATION FOR GENERAL CONTRACTOR MEMBERSHIP

## BUILDERS ASSOCIATION CHAPTER

**Regular Member applicants must be:** Any person, firm or corporation capable of undertaking construction work as a prime contractor with overall responsibility for the satisfactory completion of the project.

### Company Information

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

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

Website \_\_\_\_\_ E-mail \_\_\_\_\_

### Street Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

### Mailing Address (if different than street address)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

### General Information

Year founded \_\_\_\_\_ Type of business \_\_\_\_\_

Company Designation: \_\_\_\_\_ Certified MBE \_\_\_\_\_ Certified WBE \_\_\_\_\_ Certified DBE

Is the company certified with one or more of the following recognized agencies?

\_\_\_\_ City of Chicago Renewal Date \_\_\_\_\_ I.D.O.T. Renewal Date \_\_\_\_\_

\_\_\_\_ SBA/8A Renewal Date \_\_\_\_\_ CTA Renewal Date \_\_\_\_\_

\_\_\_\_ CMBDC Renewal Date \_\_\_\_\_ CMS Renewal Date \_\_\_\_\_

\_\_\_\_ CDB Renewal Date \_\_\_\_\_

Have any principals from the firm ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the firm and each of its employees have all licenses required of them by law to engage in the type(s) of work they perform? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other AGC of America chapters in which your firm holds membership \_\_\_\_\_

### Business References (please provide information for two references to contact in order to verify your firm's business credentials)

1. \_\_\_\_\_  
Name Relationship Company Phone

2. \_\_\_\_\_  
Name Relationship Company Phone

### Terms of Agreement

The undersigned submits that all of the information provided to the Builders Association on this Application is true and correct and understands that any false statements may lead to punitive action by the Board of Directors up to and including suspension from membership. The undersigned herewith also makes application for membership to the Builders Association and agrees to be governed by and abide by the provisions of the Constitution, Bylaws and Policies of the Builders Association as they now are and as they may be amended from time to time.

The undersigned understands that by providing their mailing address, telephone, fax and email address, they consent to receive communications sent by or on behalf of the Builders Association, the Builders Association Scholarship Foundation and the Builders Association Political Action Committee. This form allows the Builders Association, and its affiliated organizations listed above, to send membership information, renewal notices, training and promotional materials for association programs, advertising and other commercial materials to the above company via regular mail, telephone, fax or email.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_ Firm \_\_\_\_\_

**FIRST YEAR DUES MUST ACCOMPANY ALL MEMBERSHIP APPLICATIONS.**  
DUES ARE PRORATED QUARTERLY.  
PLEASE SEE ATTACHED DUES TABLE.  
AGC membership is provided as a complimentary benefit by the Builders Association

# PROFILE FORM FOR GENERAL CONTRACTOR

## BUILDERS ASSOCIATION CHAPTER

This profile form **must** be completed and returned with your membership application. This information gives us accurate membership statistics which help us increase our influence and credibility as the Chicagoland construction industry's leading advocate to construction purchasers, government bodies and the public. *All information provided will be kept strictly confidential.*

### Company Information

Company Name \_\_\_\_\_  
Primary Contact \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

This location is:    \_\_\_ Headquarters    \_\_\_ Branch Office

Additional Company Officers	Title	Phone	E-mail
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Company Description (100 words maximum –for online Membership Directory use and other promotional efforts)

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

Other industry associations in which your firm holds membership:

\_\_\_\_\_

Management	Title	Phone	E-mail
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To help us communicate with the appropriate individuals in your firm, please provide us information for the individuals responsible for each of the following areas. If an employee has more than one responsibility, please list in each area.

Information Technology	_____	_____	_____
Labor	_____	_____	_____
Marketing	_____	_____	_____
Project Management	_____	_____	_____
Safety	_____	_____	_____
Training	_____	_____	_____

**Subsidiary Company**

Company \_\_\_\_\_ Address \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ City \_\_\_\_\_  
 Email \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Company Financials (for most recently completed fiscal year)**

**Company Revenue: \$** \_\_\_\_\_  
 (Please include all construction work performed in the most recently completed fiscal year, measured by work put in place, including that portion subcontracted to or from others in the following counties: Boone, Cook, DeKalb, DuPage, Grundy, Kane, Kankakee, Kendall, Kenosha-WI, Lake-IL, Lake-IN, LaSalle, McHenry, Porter-IN, Walworth-WI and Will.)

**Employee Demographics**

**Number of Chicagoland employees:** 1. Non-trade: \_\_\_\_\_ Trade: \_\_\_\_\_ 2. Project Managers: \_\_\_\_\_ Superintendents: \_\_\_\_\_

**Number of workers you employ by trade:**

<input type="checkbox"/> Bricklayers: _____	<input type="checkbox"/> Carpenters: _____	<input type="checkbox"/> Cement Masons: _____
<input type="checkbox"/> Painters: _____	<input type="checkbox"/> Plasterers: _____	<input type="checkbox"/> Laborers: _____
<input type="checkbox"/> Teamsters: _____	<input type="checkbox"/> Tuckpointers: _____	<input type="checkbox"/> Operators: _____
<input type="checkbox"/> Plumbers: _____	<input type="checkbox"/> Sheet Metal: _____	<input type="checkbox"/> Ironworkers: _____
		<input type="checkbox"/> Electricians: _____
		<input type="checkbox"/> Pipefitters: _____
		<input type="checkbox"/> Other (please specify): _____

**Percentage of work that is self-performed:** \_\_\_\_\_% (as a percentage of Chicagoland revenues from most recently completed fiscal year)

**Market Demographics**

**Market segments served:** (indicate each as a percentage of Chicagoland revenues from your most recently completed fiscal year)

Manufacturing: _____%	Educational: _____%	Tenant Improvement: _____%	Warehouse Distribution: _____%
Office: _____%	Hospitality: _____%	Utility/Underground: _____%	Multi-Family/Residential: _____%
Retail: _____%	Health Care: _____%	Heavy/Highway: _____%	Gov't./Municipal/Public: _____%
Other: _____% (please specify: _____)			

**Total Chicagoland square footage completion:** \_\_\_\_\_ square feet (based on your most recently completed fiscal year)

**Construction projects completed:** (indicate each as a percentage of Chicagoland revenues from the most recently completed fiscal year)

1. Public: \_\_\_\_\_% Private: \_\_\_\_\_%
2. Bid: \_\_\_\_\_% Negotiated: \_\_\_\_\_%
3. General Construction: \_\_\_\_\_% Design Build: \_\_\_\_\_% CM-Agency: \_\_\_\_\_% CM at Risk: \_\_\_\_\_%

**Specialization:** (please indicate any specialized areas of construction, e.g. Post Offices, Gas Stations, Churches, etc.)

**Please mail or fax application, profile form and bargaining rights form (if applicable) to:**  
 Builders Association, 9550 W. Higgins Rd., Suite 380, Rosemont, IL 60018, fax: 847-318-8586.  
**Questions?** Call 847-318-8585 or visit bldrs.org