

# APPLICATION FOR SUBCONTRACTOR MEMBERSHIP

## BUILDERS ASSOCIATION CHAPTER

**Associate Member applicants must be:** Any person, firm or corporation, of good repute, whose business function serves the construction industry as a subcontractor.

### 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 \_\_\_\_\_

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

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

### 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 \_\_\_\_\_ Company \_\_\_\_\_

**FIRST YEAR DUES OF \$695 MUST ACCOMPANY ALL MEMBERSHIP APPLICATIONS.**  
DUES ARE PRORATED QUARTERLY.

AGC membership is provided as a complimentary benefit by the Builders Association

# PROFILE FORM FOR SUBCONTRACTOR MEMBERSHIP

## 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

**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:**  Bricklayers: \_\_\_\_\_  Carpenters: \_\_\_\_\_  Cement Masons: \_\_\_\_\_  
 Painters: \_\_\_\_\_  Plasterers: \_\_\_\_\_  Laborers: \_\_\_\_\_  Operators: \_\_\_\_\_  Technical Engineers: \_\_\_\_\_  
 Teamsters: \_\_\_\_\_  Tuckpointers: \_\_\_\_\_  Ironworkers: \_\_\_\_\_  Electricians: \_\_\_\_\_  Pipefitters: \_\_\_\_\_  
 Plumbers: \_\_\_\_\_  Sheet Metal: \_\_\_\_\_  Other (please specify): \_\_\_\_\_

**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: \_\_\_\_\_)

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

1. Public: \_\_\_\_\_% Private: \_\_\_\_\_% 2. Bid: \_\_\_\_\_% Negotiated: \_\_\_\_\_%

**Please list all applicable CSI Codes:**

Code 1: \_\_\_\_\_ CSI Division Description \_\_\_\_\_  
Code 2: \_\_\_\_\_ CSI Division Description \_\_\_\_\_  
Code 3: \_\_\_\_\_ CSI Division Description \_\_\_\_\_

**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