



# GENERAL CONTRACTOR MEMBERSHIP APPLICATION FORM

**Chapter and National Dues:** Annual dues for the current year are assessed against work volume in the previous calendar year. The Contractor Member's reported volume includes all types of construction revenue.

The table below indicates the different membership groups based on the previous year's volume. Please select the group that represents last year's revenue for your firm. Becoming a member affords you and your Nebraska-based employees all the benefits of membership in the Nebraska Building Chapter and The Associated General Contractors of America.

GROUP	SIZE	TOTAL DUES PER MEMBER FIRM
1	Up to \$1 Million	\$1,000
2	\$1 to \$2.5 Million	\$2,000
3	\$2.5 to \$5 Million	\$2,850
4	\$5 to \$7.5 Million	\$3,800
5	\$7.5 to \$10 Million	\$4,700
6	\$10 to \$12.5 Million	\$5,600
7	\$12.5 to \$15 Million	\$6,600
8	\$15 to \$17.5 Million	\$7,500
9	\$17.5 to \$20 Million	\$8,500
10	\$20 Million & Up	\$9,800

Please join my firm as a General Contractor Member under group \_\_\_\_\_

☐ Enclosed are my membership dues in the amount of \$ \_\_\_\_\_

☐ Please invoice me for my dues amount

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Website: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

*AGC of America dues may be deducted as a business expense but not as a charitable contribution, 3.6% of your 2021 dues are nondeductible in accordance with Section 6033 of the Internal Revenue Code.*

**Please supply additional information concerning your firm on the reverse**



**AGC**  
**NEBRASKA BUILDING CHAPTER**  
THE CONSTRUCTION ASSOCIATION

Billing Information (if different from the primary contact information on the front of the form):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

If you have additional personnel who would like to receive the Chapter E-Update Newsletter, please list them below:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Please list additional office locations in Nebraska:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_