



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

Name: _____ Title: _____

Firm: _____

Mailing Address: _____ Physical Address: _____

City, State, Zip: _____ Website: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____

AGC of America dues may be deducted as a business expense but not as a charitable contribution, 10.0% of your 2019 dues are nondeductible in accordance with Section 6033 of the Internal Revenue Code.

Please supply additional information concerning your firm on the reverse

Nebraska Building Chapter



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

Name: _____ Title: _____

Firm: _____

Mailing Address: _____ City, State, Zip: _____

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: _____

Firm: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Name: _____ Title: _____

Firm: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____