

**Association of Oklahoma General Contractors**  
**636 NE 41<sup>st</sup> St., Oklahoma City, Oklahoma 73105**  
**(405) 763-5200 FAX (405) 609-8814**

**APPLICATION FOR ASSOCIATE MEMBERSHIP**  
**(Please Print or Type)**

**COMPANY NAME:** \_\_\_\_\_

**MAIN OFFICE STREET ADDRESS:** \_\_\_\_\_

**POST OFFICE BOX:** \_\_\_\_\_

**CITY / STATE / ZIP CODE:** \_\_\_\_\_

**AREA CODE / TELEPHONE:**(        ) \_\_\_\_\_

**FAX – AREA CODE / TELEPHONE:** (        ) \_\_\_\_\_

**WEB PAGE ADDRESS:** \_\_\_\_\_

**COMPANY OFFICERS:**

<b>Name:</b>	<b>Title:</b>	<b>Magazine</b> ( <input type="checkbox"/> To Receive)	<b>Mailing</b>	<b>Primary Contact</b> ( <input type="checkbox"/> One Only)
1. <input type="checkbox"/> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E-Mail:</b> _____				
2. <input type="checkbox"/> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E-Mail:</b> _____				
3. <input type="checkbox"/> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E-Mail:</b> _____				
4. <input type="checkbox"/> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E-Mail:</b> _____				
5. <input type="checkbox"/> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E-Mail:</b> _____				

**BRANCH OFFICES** (If Applicable):

**MAILING ADDRESS:** \_\_\_\_\_

**CITY / STATE / ZIP CODE:** \_\_\_\_\_

**AREA CODE / TELEPHONE:**(        ) \_\_\_\_\_

**FAX – AREA CODE / TELEPHONE:** (        ) \_\_\_\_\_

**Branch Officers:**

<b>Name:</b>	<b>Title:</b>	<b>Magazine</b> ( <input type="checkbox"/> To Receive)	<b>Mailing</b>	<b>Primary Contact</b> ( <input type="checkbox"/> One Only)
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1. <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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E-Mail: \_\_\_\_\_

2. <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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E-Mail: \_\_\_\_\_

3. <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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E-Mail: \_\_\_\_\_

What percentage of your firm's total business is with the Highway Construction Industry? \_\_\_\_\_

Does your Firm operate open shop, that is, without collective bargaining agreements:

(a) On all work \_\_\_\_\_ (b) On part of your work \_\_\_\_\_ (c) On none of your work \_\_\_\_\_

Please offer concise narrative of your firm's business (i.e. date of organization, etc.).

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

Was the Firm ever an associate member of the AOGC under its present name or by any other name? \_\_\_\_\_

If so, give name(s) of Chapter(s) and /or Branch (es) and date(s) of said membership along with the firm name used in enrollment \_\_\_\_\_

This Firm hereby makes application for associate membership to the Association of Oklahoma General Contractors, Highway/Heavy Branch, and the Associated General Contractors of America, on the basis of the foregoing statements. Name 2 references below who are personally familiar with your firm and its work.

\_\_\_\_\_

This Firm certifies that the foregoing statements are correct and agrees, if elected to membership, that in accepting the privileges, it will also accept the obligations of Associate Membership, that it will be governed by the Articles of Incorporation and Governing Provisions of the Rules, Regulations and Dues Schedule of the AOGC as long as it continues as a member, and furthermore agrees to promote the objectives of the Association.

**Chapter Dues:**

Our associate membership dues are \$1000.00 per anniversary year.

Firm Name \_\_\_\_\_

By (Signed) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Dues paid to the Association of Oklahoma General Contractors are not deductible as charitable contributions. However, 85% of dues paid may be claimed as business expense for Federal Income Tax Purposes for Fiscal Year 2013.**

**Federal I.D. 73-0132910**

To better serve you, we are attempting to help our members locate the goods and services they need. We ask that each Associate Member indicate the classifications for which their firm is best described. Please check each box that may apply to your company.

**ASSOCIATE MEMBERSHIP ROSTER CODES:**

**Type of Service Work Performed**

**(☑ One Only)**

- |                          |                              |   |
|--------------------------|------------------------------|---|
| <input type="checkbox"/> | Specialty Contractor:        | Firm that provides job site labor and is NOT a general contractor |
| <input type="checkbox"/> | Supplier / Service Provider: | Firm that supplies materials or services to general contractors.  |

**(☑ Type of service provided)**

- (A) Accounting
- (A/E) Architect-Engineer
- (AG) Aggregate Producer
- (ASP) Asphalt Producer
- (AS) Asphalt Supplier
- (B/F) Banking / Finance
- (B/S) Bonding/Surety
- (CP) Cement Producer
- (CS) Concrete Suppliers
- (C) Consultant
- (D/C) Demolition / Site Clearing
- (E) Environmental
- (E/T) Equipment /Tools
- (EX) Explosives
- (F) Fabrication
- (HR) Human Resources
- (IN) Insurance
- (M) Machinery
- (MS) Material Supplier
- (P) Petroleum
- (RC) Recycling Utilities
- (R) Rentals
- (S) Surveying
- (S/S) Sod / Seed
- (T) Testing
- (TR) Trucking

Due to the extreme diversities within our industry, we have found it difficult to list all possible service categories. Please list any services that your company provides that are *not* listed in the space provided below.

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