



Southern Illinois Builders Association

MAIN OFFICE/PLAN ROOM: 1468 Green Mount Rd. ● PO Box 1390 ● O'Fallon, IL 62269-8390
MARION PLAN ROOM: 504 West Jackson ● PO Box 803 ● Marion, IL 62959-0803

618-624-9055 ● O'Fallon Fax: 618-624-9065 ● Marion Fax: 618-997-8791 ● http://www.siba-agc.org

AGC of America Chapter

DATE: _____

APPLICATION FOR MEMBERSHIP

FIRM: _____

LOCATION: _____

MAILING ADDRESS (If different from above): _____

CITY: _____ STATE: _____ ZIP: _____

PHONES: _____ FAX: _____

COMPANY WEBSITE ADDRESS: _____ E-MAIL ADDRESS: _____

OFFICER: _____ TITLE: _____

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(Other Officers, Description of Business, Hours of Operation, etc.)

NOTE: Message will appear exactly as it is written, 40 characters (including spaces) per line, abbreviations acceptable:

CSI/NAICS CATEGORIES I WISH TO BE LISTED UNDER (Limit 5 - See Attached Sheet For Code Numbers):

LINE OF BUSINESS OR SERVICE RENDERED: _____

BUSINESS IS: _____ Sole Proprietor _____ Partnership _____ Corporation

DATE OF BUSINESS: _____ RECOMMENDED BY: _____

PLEASE INDICATE X YOUR ON SITE EMPLOYEES:

_____ Carpenters _____ Cement Masons _____ Iron Workers _____ Laborers _____ Operating Eng.

Other _____

We understand that the dues are for a 12 month period which begins January 1, and includes the Weekly Bidders News, and that this membership is renewable annually by mutual consent of the member and the Association, and we agree to be bound by the Constitution and the By-Laws of the Southern Illinois Builders Association so long as we continue as a member, and to promote the objectives of the Association so far as it shall be in our power.

_____ Active Dues \$2,160.75

_____ Associate Dues \$1,000.00

_____ Affiliate Dues \$ 700.00

_____ Enrollment Fee \$ 75.00

Amount Paid: _____

Payment is by: ___ Check ___ Visa ___ MasterCard
___ AmEx ___ Discover

Card No. _____ Expires: _____

CVV code: _____

Signature: _____