



MEMBERSHIP APPLICATION

General Information

Company Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Company Website Address _____

Type of Business _____ Contractor License # _____

Company Contact

Name _____ E-mail _____

Name _____ E-mail _____

How did you hear about the Framing Contractors Association? _____

Why have you decided to join the Framing Contractors Association? _____

Type of Membership – (FCA membership also entitles you to AGC Las Vegas and AGC of America Memberships)
_____ **General Member \$850 (C-3 license required)** or _____ **Associate Member \$850**

To process this application by credit card please complete the following:

Card Number _____ Expiration Date _____ Amount \$ _____

Billing Zip Code _____ Credit Card Type Visa Master Card American Express

Signature _____

Date _____

Completion and submittal of this form constitutes both my application for membership in the FCA and consent for my company to receive communications sent by or on behalf of the FCA, AGC Las Vegas and the AGC of America via regular mail, e-mail, telephone and fax. **Please make payment payable to the Associated General Contractors and mail with application to 150 N. Durango Drive, Suite 100 – Las Vegas, Nevada 89145. Or if paying by credit card, please fax to 702.796.1629.** Should you have concerns or questions, please contact Executive Director Mandi Lindsay at 702.796.9986 or mandil@agclv.org. We appreciate the opportunity to exceed your expectations.