



**Application for General Contractor Membership
AGC of America and AGC Shreveport, Louisiana Chapter
Home Chapter Application**

Firm Legal Name: _____

Firm Mailing Address: _____

Firm Registered Agent (LA Secretary of State): _____

Telephone: _____ Fax: _____ Email: _____

Louisiana Contractor's License #: _____

Number of Employees: _____

Years in business: _____ Start date: _____

Owners: _____

Person(s) authorized to represent firm in National and Local affairs:

Firm Contact Person (billing, meetings, etc.): _____
Name _____
Email _____

Does firm perform general contracting work exclusively? Yes No

If no, what other types of work does firm perform? _____

If no, what percentage of work is general contracting? _____

Is your firm: Open Shop Union Shop Dual Shop

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Shreveport, Louisiana 71104
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318/221-6709 (Fax)