



# NAMC NATIONAL MEMBERSHIP APPLICATION

## MEMBERSHIP TYPE

NATIONAL MEMBERSHIP (CONSTRUCTION CONTRACTOR MEMBER)       NATIONAL MEMBERSHIP (NON-CONTRACTOR MEMBER)

## MEMBER INFORMATION

COMPANY NAME

COMPANY ADDRESS

CITY

STATE

ZIP CODE

COMPANY WEBSITE

### PRIMARY AND SECONDARY CONTACT NAMES

PRIMARY CONTACT NAME

SECONDARY CONTACT NAME

TITLE

BEST CONTACT NUMBER

TITLE

BEST CONTACT NUMBER

EMAIL

EMAIL

**Email Opt-Out**

NAMC would like to stay in touch with you regarding upcoming events, membership benefits, promotions, market opportunities, and educational offerings. However, if you do **NOT** wish to receive emails from NAMC, check the email opt-out box.

## COMPANY INFORMATION

YEAR COMPANY EST'D

# OF EMPLOYEES

Yes       No  
BONDED?

WHAT TRADE(S) DOES YOUR COMPANY SPECIALIZE IN? (LIST BELOW)

### PROFESSIONAL REFERENCE:

NAME

TITLE, COMPANY

PHONE NUMBER

BRANCH OFFICE LOCATIONS (PLEASE PROVIDE CITY & STATE OR ATTACH YOUR OWN LIST)

NATIONAL ASSOCIATION OF MINORITY CONTRACTORS

910 17TH STREET NW, SUITE 413 | WASHINGTON, DC 20006

T (202) 296-1600 | F (202) 296-1644 | NAMCNATIONAL.ORG | INFO@NAMCNATIONAL.ORG



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## NATIONAL MEMBERSHIP ANNUAL DUES

<b>ANNUAL GROSS REVENUE</b>	<b>ANNUAL FEE</b>
\$999,999 OR LESS	\$400
\$1,000,000 - \$4,999,999	\$800
\$5,000,000 OR HIGHER	\$1,600

ANNUAL FEE \$ \_\_\_\_\_

## METHOD OF PAYMENT

- OPTION 1: INVOICE REQUESTED**
- OPTION 2: CHECK OR MONEY ORDER** No. \_\_\_\_\_
- OPTION 3: CREDIT CARD**     VISA     MC     DISCOVER     AMEX    OTHER \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CCV \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

BILLING STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**AUTHORIZED SIGNATURE (REQUIRED FOR PROCESSING)**

## AUTHORIZED SIGNATURE

I hereby make application for membership in the National Association of Minority Contractors (NAMC) and agree to its mission, vision, purpose, and values. I certify that all information provided is correct to the best of my knowledge.

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## SEND APPLICATION TO:

**NATIONAL ASSOCIATION OF MINORITY CONTRACTORS  
910 17TH STREET NW, SUITE 413  
WASHINGTON, DC 20006**

**EMAIL: DLITTLEJOHN@NAMCNATIONAL.ORG  
FAX: (202) 296-1644**