

UMCNC MEMBERSHIP APPLICATION

Mail the application and check made payable to UMCNC to:

United Minority Contractors of North Carolina

PO Box 58008 * Raleigh NC 27658



State Chapter of the National
Association of Minority Contractors

Company Information:

Firm Name: (As listed with Licensing Board): _____

Contact Person / UMCNC Representative: _____

Contact E-mail Address: _____

Year Established: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell: _____ Website: _____

Head of Company (if different than above): _____

Title: _____ E-mail Address: _____

Can UMCNC include your name/image/logo on our website member and printed rooster? Yes No

UMCNC Membership Levels:

Annual Gross Revenue

- | | | | |
|--|------------|---|------------|
| <input type="checkbox"/> Less than \$500K
(Provides for one (1) vote) | \$250.00 | <input type="checkbox"/> \$5M - \$20M
(Provides for two (2) votes) | \$1,500.00 |
| <input type="checkbox"/> \$500 - \$750K
(Provides for one (1) vote) | \$500.00 | <input type="checkbox"/> \$20M and Up
(Provides for two (2) votes) | \$2,500.00 |
| <input type="checkbox"/> \$750K - \$1M
(Provides for one (1) vote) | \$750.00 | <input type="checkbox"/> Associate Member
(Non-contractors associated with construction industry,
Non-profits, Banks, etc.) | \$500.00 |
| <input type="checkbox"/> \$1M - \$5M
(Provides for one (1) vote) | \$1,000.00 | | |

List three (3) things UMCNC can do to assist you with growing your business?

- 1. _____
- 2. _____
- 3. _____

List what value you can provide to UMCNC

- 1. _____
- 2. _____
- 3. _____

UMCNC has the following Committees – Please check the committee(s) you would like to work with:

- | | |
|---|---|
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Marketing / Social Media | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Events / Fundraising | <input type="checkbox"/> Corporate Advisory |

Type of general contraction (Fill in Percentage):

Highway % _____ Building % _____ Utility % _____

Type of Contractor License: Limited Unlimited Intermediate

Primary NAICS Code: _____

General Contracting Experience categories (Check all that apply):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Trade | <input type="checkbox"/> Other: _____ |



Membership is subject to review and approval by Board of Directors.
 Member is also required to submit a completed UMCNC Capability Statement and support documentation.

ACKNOWLEDGEMENT

I acknowledge that the information is accurate, correct and true. _____
 Signature

For questions regarding membership, please contact Brenda Pollard via email at info@umcnc.org or (919) 817-8626