

**MEMBERSHIP TYPE**

MINORITY/WOMEN/DISADVANTAGE BUSINESS ENTERPRISE  OTHER

**GENERAL INFORMATION**

COMPANY NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

FAX

COMPANY WEBSITE

CONTRACTOR PRE-QUALIFICATION WEBSITE *(If applicable)*

WOULD YOUR COMPANY LIKE TO LINK TO NAMC'S WEBSITE?  YES  NO

**PHYSICAL ADDRESS**

STREET ADDRESS

CITY, STATE, ZIP

**MAILING ADDRESS** *(If different than above)*

STREET ADDRESS

CITY, STATE, ZIP

**COMPANY REPRESENTATIVE CONTACT INFORMATION**

**PRIMARY CONTACT**

CONTACT NAME

PHONE

CELL

FAX

EMAIL ADDRESS

**SECONDARY CONTACT**

CONTACT NAME

PHONE

CELL

FAX

EMAIL ADDRESS

**ADDITIONAL BRANCH OFFICES** *(Use additional sheet if necessary)*

**BRANCH OFFICE 1**

STREET ADDRESS

CITY, STATE, ZIP

**BRANCH OFFICE 2**

STREET ADDRESS

CITY, STATE, ZIP

**REQUESTED LOCAL NAMC CHAPTER AFFILIATIONS** *(List all chapter locations that apply)*

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

**COMPANY DEMOGRAPHICS**

YEAR COMPANY ESTABLISHED

NUMBER OF EMPLOYEES

**CURRENT GEOGRAPHIC STATES**

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

**AUTHORIZED SIGNATURE**

I hereby make application for membership in the National Association of Minority Contractors Dallas/Ft Worth (NAMC-DFW) and agree to its mission, vision, purpose, and values. I certify that all information provided is correct to the best of my knowledge. I also understand that by providing contact information, I consent to receive communications sent by or on behalf of NAMC and/or its affiliates via mail, email, phone, or fax.

PRINTED NAME

DATE

SIGNATURE

*An invoice for membership will be sent to the company representative(s) listed in this membership application.*