



NATIONAL  
ASSOCIATION OF  
MINORITY  
CONTRACTORS

300 River Place Suite 5350  
Detroit, Michigan 48207  
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info@namc-detroit.org  
Phone: 248/656-6262  
Fax:

## NATIONAL ASSOCIATION OF MINORITY CONTRACTORS MEMBERSHIP APPLICATION

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Ofc** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Type of Business** \_\_\_\_\_ **No. of Years in Business** \_\_\_\_\_

**Is Your Co. 8(a)?**  Yes  No **Email:** \_\_\_\_\_

### Voting Membership Levels (Check One)

Type	Criteria	Annual Dues
<input checked="" type="checkbox"/> Large	gross revenue over \$5,000,000. ....	\$1,600
<input checked="" type="checkbox"/> Intermediate	gross revenue between \$1,000,000 and \$5,000,000. ....	\$800
<input checked="" type="checkbox"/> Small	gross revenue less than \$1,000,000. ....	\$400
<b>AFFILIATE MEMBERSHIP</b>		
<input checked="" type="checkbox"/> MCO	Major Corporate Owner. ....	\$25,000
<input checked="" type="checkbox"/> MCP	Major Corporate Partners. ....	\$25,000 \$10,000 \$5,000
<input checked="" type="checkbox"/> SIP	Surety Industry Partner. ....	\$5,000

**Check Enclosed**

**Check#** \_\_\_\_\_

*Authorized Signature* \_\_\_\_\_

*Title* \_\_\_\_\_

*Date* \_\_\_\_\_

Please indicate here if you would like to be affiliated with a local chapter (if available) in your area. \_\_\_\_\_

Please print and forward this form with your payment to:  
**National Association of Minority Contractors**  
 300 River Place Suite 5350 Detroit, Michigan 48207  
 248/656-6262 info@namc-detroit.org