



MEMBERSHIP APPLICATION

Company Name: _____

Contact Person: _____ Title: _____

Mailing Address: _____ Suite: _____

City: _____ State _____ Zipcode _____

Telephone: _____ Fax: _____ Mobile: _____

Type of Business: _____ No. of Years in Business _____

Email: _____ Website: _____

GENERAL MEMBERSHIP (Check One)
(Term: January 1-December 31)

<u>Type</u>	<u>Criteria</u>	<u>Annual Dues</u>
<input type="checkbox"/> Large	Gross Revenue \$2,500,000 - \$5,000,000.....	\$1,500
<input type="checkbox"/> Small	Gross Revenue less than \$2,500,000.....	\$ 500

CORPORATE MEMBERSHIP (Check One)

<input type="checkbox"/> MCO	Major Corporate Owner.....	\$5,000
<input type="checkbox"/> MCP	Major Corporate Partner.....	\$5,000

PAYMENT METHOD

Check: Check No. _____ Dated _____ Amount _____

Major Credit Card: VISA Mastercard Authorized Amount _____

Credit Card # _____ Exp. Date _____

Authorized Signature _____ Date _____

Please print and forward this form or fax/email with your payment authorization to:

National Association of Minority Contractors-- Washington, DC Metropolitan Area Chapter (NAMC--WMAC)
 2307 Skyland Place, S.E., Suite A, Washington, DC 20020
 Check Payable to: **NAMC-WMAC**

For Further Information Contact: Lee Wilson, Program Manager
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