



MEMBERSHIP APPLICATION

Company/Organization Name _____

Primary Contact Name _____ Title _____

Phone Number _____ Cell _____

Fax _____ Email Address _____

Street Address _____

City _____ State _____ Zip _____

Website _____

Please provide the following if applicable:

DBE Reg# _____ MBE Reg# _____ WBE Reg # _____

CCB# _____ State Licenses: ___ Oregon ___ Washington

Primary line of work (e.g. electrical, plumbing etc.): _____

Number of Years in Business _____

MEMBERSHIP CATEGORIES

_____ Regular Membership (covers up to four employees) \$350.00
(*\$100.00 per each additional*)

_____ Contractor _____ Non-contractor

_____ Associate Membership \$1,000.00

_____ Agency Membership/Partnership \$3,000.00-\$5,000.00

**Make check payable to: NAMC-Oregon
P.O. 4562 Portland, Oregon 97208**

Membership in NAMC-Oregon requires as a condition of membership commitment to enhancing the status of minority individuals in the building and construction trades. Please provide the following information describing your firm's (or agency's) efforts over the past three years geared toward enhancing the status of minority individuals in the building and construction trades. You may attach additional sheets if necessary.

List the public projects that your firm/agency has worked on where efforts were taken to maximize utilization of certified minority-owned firms:

Provide specific examples of those efforts:

Provide three certified firms involved with those projects:

FIRM NAME	CONTACT PERSON	PHONE/EMAIL

As a duly-authorized representative of my organization, we submit this application for membership in NAMC-Oregon and represent that we and our organization are committed to enhancing the status of minority individuals in the building and construction trades.

Authorized Signature: _____ Date: _____

Name: _____

OFFICIAL USE ONLY

Membership Acceptance _____ Denial _____ Decision Date _____

Payment Received _____ Initials _____