



**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 \_\_\_\_\_

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**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:

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Provide specific examples of those efforts:

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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: \_\_\_\_\_

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**OFFICIAL USE ONLY**

Membership Acceptance \_\_\_\_\_ Denial \_\_\_\_\_ Decision Date \_\_\_\_\_

Payment Received \_\_\_\_\_ Initials \_\_\_\_\_