



## MEMBERSHIP APPLICATION

**Membership Category** for which application is being made (check one):

Contractor: \_\_\_\_\_ Associate: \_\_\_\_\_

**Company Information:**

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

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

\_\_\_\_\_  
(City) (State) (Zip)

Company Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Work or Service:  
\_\_\_\_\_

Year Company Incorporated or Established: \_\_\_\_\_

**Contact Person at Company (fill in all blanks):**

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Sponsor Information:**

Sponsor Company: \_\_\_\_\_ Sponsor Individual: \_\_\_\_\_

**References** (Please list three General Contractors and two Suppliers you do business with)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please list other people with your company who will be authorized to conduct business at all UMCA meetings on behalf of your company:  
\_\_\_\_\_  
\_\_\_\_\_

**ANNUAL DUES: \$500.00 (This is prorated if you join mid-year.)**