

APPLICATION FOR MEMBERSHIP

Please complete the following information fields and return along with your remittance of the appropriate dues amount to: NCUCA; 130 Mine Lake Ct., Ste 100; Raleigh, NC 27615-6417.

MEMBERSHIP CLASSIFICATIONS (Check one)

*** Includes both State and National Membership**

| <u>Contractor Category*</u> | <u>Annual Utility Construction Revenue</u> | <u>NUCA Dues</u> |
|---|--|------------------|
| <input type="checkbox"/> Small Contractor | Less than \$2 Million | \$ 800* |
| <input type="checkbox"/> Level 1 | \$ 2,000,000 - \$ 5,000,000 | \$ 1,525* |
| <input type="checkbox"/> Level 2 | \$ 5,000,001 - \$ 10,000,000 | \$ 1,775* |
| <input type="checkbox"/> Level 3 | More than \$10,000,000 | \$ 2,025* |

Associate Categories

Associate @ \$ 600 For companies joining NCUCA without NUCA membership

**** Includes both State and National Associate Memberships** Note: If your company is National in scope and is already a member of NUCA you may be eligible for a dues reduction. Please call to confirm.

- # Associate @ \$ 775.00 For companies with sales less than \$ 2 million**
- # Associate @ \$ 975.00 For companies w/ sales between \$2 and \$ 10 million**
- # Associate @ \$ 1175.00 For companies with sales greater than \$ 10 million**

***** For Associate Membership in the National Utility Contractors Association Only**

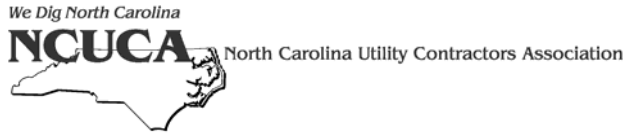
- # Associate @ \$ 575.00 For companies w/ sales less than \$ 2 million***
- # Associate @ \$ 775.00 For companies w/ sales between \$2 and \$ 10 million***
- # Associate @ \$ 975.00 For companies with sales greater than \$ 10 million***

Company: _____
 Primary Contact: _____
 Mailing Address: _____
 Physical Address: _____
 City/St/Zip+ 4: _____
 Telephone: _____
 Fax: _____
 Email: _____
 Company Website: _____

For Emergency/Legislative Use Only (Unpublished Contact Info)

Home: _____
 Mobile: _____
 Other Ph: _____

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Please **attach a list of others in your organization** that should receive communications from NCUCA and should be extended member benefits. Please provide name, title and address if different from above.

Please Identify, By Name, the person in your organization responsible for (please include email):

- Safety & Risk Management: _____
- Employee Health, Life & Retirement Benefits: _____
- Employee Screening: _____
- Fleet & Equipment Maintenance: _____
- Chief Estimator: _____
- Marketing & Business Development: _____
- Government Relations: _____

NARRATIVE (Please write a three to four line paragraph describing your company and its services to be posted on www.ncuca.org):

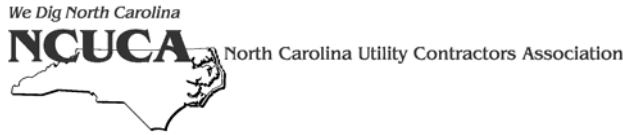
COMPANY DEMOGRAPHICS

- Year founded: _____
- Number of Employees: _____
- Number of Man Hours Logged Last Year: _____ * Required for Safety Awards Program
- Year 1st Joined NCUCA: _____

Services- (Circle each service your firm offers)

| | | | |
|-------------------------|----------|------------------------------|----------|
| Boring/Trenches: | Yes / No | Cables: | Yes / No |
| Conduits: | Yes / No | Ducts: | Yes / No |
| Electric: | Yes / No | Gas Lines: | Yes / No |
| Irrigation: | Yes / No | New Construction: | Yes / No |
| Pump Stations: | Yes / No | Rehabilitation: | Yes / No |
| Sanitary Sewers: | Yes / No | Treatment Systems: | Yes / No |
| Water Treatment Systems | Yes / No | Wastewater Treatment Systems | Yes / No |
| Tunneling: | Yes / No | Water Lines: | Yes / No |
| Storm Drain Lines | Yes / No | Pipeline Cleaning | Yes / No |
| T.V. Inspection | Yes / No | Concrete Box Culverts | Yes / No |
| Headwalls | Yes / No | Foundations | Yes / No |
| Other Utilities: | _____ | | |
| Other Services: | _____ | | |
| | _____ | | |
| | _____ | | |

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To Assist NCUCA in our Governmental Affairs, please answer the following-

| | |
|-------------------------------------|---------|
| Carolinas AGC Member: | Yes/ No |
| Common Ground Alliance Member: | Yes/ No |
| NC CGA Regional Partnership Member | Yes/ No |
| Distribution Contractors of America | Yes/ No |
| Power Line Contractors of America | Yes/ No |
| Other Associations: | _____ |
| | _____ |

Complete the following or provide us the zip- plus 4 postal code for home & work and we'll complete this information for you. Home Zip + 4 _____ Work Zip + 4 _____

Residential NC House District: _____
 Residential NC Senate District: _____
 Residential Congressional District: _____

Business NC House District: _____
 Business NC Senate District: _____
 Business Congressional District: _____

Additional Information Requested (Check all that apply):

- NCUCA Safety Awards Program (Awarded in April)
- NCUCA Associate Member of the Year Award (Awarded in October)
- NCUCA Scholarship Foundation (Deadline May 1st)
- NCUCA- Political Action Committee
- NUCA- Political Action Committee
- NUCA Expo '10 (Orlando, FL; January 11- 13, 2010)
- NCUCA Safety & Risk Management Seminars
- NCUCA 2010 Spring Conference (April 21-25, 2010)
- NCUCA 2010 Fall Conference, (November 4-7, 2010)
- NUCA/NCUCA Washington Summit & Congressional Office Visits
- NC Common Ground Alliance Regional Partnership
- Sponsorship Opportunities
- Marketing Packages and Opportunities
- Governmental Relations Program
- Leadership Opportunities
- Membership Directory
- Other _____
- Please have a member contact me.

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