

National Association of Minority Contractors-South Carolina Member Profile



Name of Company _____

Name of Primary Contact _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____ Email _____

NAICS/SIC Codes: _____ Years in Business _____ # of Employees _____

Please provide a detailed Company Description: _____

Has your firm ever participated as partner in a joint venture or in a mentor-protégé program.

Yes No

If yes, please describe _____

If no, would you be willing to partner in a joint venture or take part in a mentor-protégé program.

Yes No

Do you have a capability statement? Yes No If yes, please provide a color copy.

Company Webpage & Social Media Network

Company Webpage: _____

Twitter? If so what is your Profile Name: _____

Facebook? If so what is your Profile Name: _____

LinkedIn? If so what is your Profile Name: _____

South Carolina State License (s)/ Number (s) [If you operate outside of the state of South Carolina

please include the licenses/numbers here also: _____

What Service (s) Does Your Company Provide?

Construction Management

General Contracting

Sub-contracting (List type)

Supplier (List Type)

Professional Services (List Type)

Select all divisions that apply:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Site Work | <input type="checkbox"/> Specialties | <input type="checkbox"/> Conveying Systems |
| <input type="checkbox"/> Concrete | | <input type="checkbox"/> Doors & Windows |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Metals | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Thermal & |
| <input type="checkbox"/> Wood & Plastic | <input type="checkbox"/> Furnishes | Moisture protection |
| <input type="checkbox"/> Finishes | | <input type="checkbox"/> Hauling/Cleaning |

Does your firm currently have or have held in the past any of the following certifications and/or program experiences:

- MBE WBE SDB HUB DBE DVBE SBLE SDV 8(A) LEED Green Advantage

Certification origin? DOT OSMBA SBA Governor's Office OSHA EPA NCCER

Other Governing Body: _____

Please provide a copy of all certifications Checked above.

Please identify your firm's insurance types and carriers/providers. If an area is not applicable, place an "NA" in the blank.

General Liability - Carrier: _____

Umbrella - Carrier: _____

Property & Casualty - Carrier: _____

Workman's Comp - Carrier: _____

Bonding Capacity - - Carrier: _____

In which sectors/markets does your firm work?

- | | |
|---|---|
| <input type="checkbox"/> Public/Government | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Private Commercial (Large Corporate) | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Private Commercial (Small Local) | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Financial Institutions |
| <input type="checkbox"/> Heavy/Highway | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Hospitality | |

Geographic Area(s)/Regions

Areas where your company/firm needs support:

Areas where your company/firm can provide support and/or expertise?

Additional Comments:

I (We) hereby make application for professional membership in National Association of Minority Contractors, Inc.; as a member in the South Carolina Chapter on the basis of the foregoing statements and refer to the persons named below who are personally familiar with my (our) work.

Referred/Sponsored By: Name: _____ Company: _____

I (We) certify that the foregoing statements are correct and agree if elected that I (We) will be governed by the Articles of Incorporation, By-Laws and Rules of Procedure of the Association as long as I (we) continue as a member. I (we) furthermore agree to promote the objectives of the Association as far as shall be in my (our) power.

Printed Name: _____ Company: _____

Signature: _____

Please return completed profile via e-mail to info@namcsouthcarolina.com or mail to:

**NAMC-South Carolina
National Association of Minority Contractors-South Carolina,
Attn: Membership Department,
PO Box 3653, Columbia, SC 29230**

**Checks should be made out to: NAMC-South Carolina
Pay Pal: NAMC South Carolina**

Full Membership Fee: \$300.00 Annually (General Contractor, Sub-Contractor and Trades Members)

Associate Membership Fee: \$200.00 Annually (Non Contractor, Professional Service and Suppliers)

You may also contact:

Mike Daniels Exec. Director at 803-960-7271 and/or Allen Brown, Membership Chair at 803-546-2003.

Office Use: Cash Check # _____ NAMC Website via Pay Pal Not Paid

Receipt # _____ Processed By: _____