



## Application for Membership NCMA BUSINESS PARTNER

Name of Business Partner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Type of Organization

- |   |  |
|---|--|
| <input type="checkbox"/> Corporation        | <input type="checkbox"/> Division of Corporation |
| <input type="checkbox"/> Individually Owned | <input type="checkbox"/> Partnership             |

Name(s) of Individual Owner(s) or Partner(s) \_\_\_\_\_

\_\_\_\_\_

Corporate Headquarters \_\_\_\_\_

Nature of Applicant's Business \_\_\_\_\_

\_\_\_\_\_

NCMA Member Sponsor: Name \_\_\_\_\_

Company \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

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Applicant understands and agrees to abide by the By-Laws of the North Carolina Manufacturers Alliance.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3901 Barrett Drive, Suite 103, Raleigh, NC 27609