



Application for Membership
NCMA BUSINESS PARTNER

Name of Business Partner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Principal Contact: _____ Email Address: _____

Telephone: _____ Fax: _____

Type of Organization

Corporation Division of Corporation

Individually Owned Partnership

Name(s) of Individual Owner(s) or Partner(s) _____

Corporate Headquarters _____

Nature of Applicant's Business _____

NCMA Member Sponsor: Name _____

Company _____

Sponsor Signature _____

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

Applicant's Signature: _____ Date: _____

THE VOICE OF NORTH CAROLINA MANUFACTURERS

3901 BARRETT DRIVE, SUITE 103 • RALEIGH, NC 27609
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