



Membership Application

NCMA Corporate Application

Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Company Contact _____ Plant Manager _____

Telephone _____ Fax _____

Type of Organization

- Corporation
- Division of Corporation
- Individually Owned
- Partnership

Corporate Headquarters _____

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

Number of North Carolina-based Employees _____

Location and Function of Applicant's North Carolina Facility or Facilities _____

Nature of Applicant's Business _____

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

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