

# North Carolina Masonry Contractors Association - Application for Membership

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Street/Shipping Address/Zip  
(If different than above) \_\_\_\_\_

Office Phone \_\_\_\_\_ Second Phone \_\_\_\_\_ Email \_\_\_\_\_

Fax Number \_\_\_\_\_ Mobile Phone\* \_\_\_\_\_ Other\* \_\_\_\_\_

\* Please circle any phone numbers that **should not** be included in published membership directories or printed membership listings. Please type or print clearly.

**• Masonry Contractor Applicants:**

Number of masons employed \_\_\_\_\_ Number of Apprentices \_\_\_\_\_ Number of Laborers/Helpers \_\_\_\_\_ Annual Dollar Volume \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Do you have a general contractor's license? **Yes No**

Do you carry public liability and worker's compensation insurance? **Yes No** Is your firm bondable? **Yes No**

Name of workers comp insurance provider \_\_\_\_\_ MCAA Member? **Yes No**

Circle types of work your firm performs: **Heavy Commercial Light Commercial Residential Stone Work Other:** \_\_\_\_\_

Primary geographical areas in which you bid work \_\_\_\_\_

How do you primarily bid for work? **Lump Sum/Turnkey Labor and Material Unit Price Labor Only**

**• Supplier/Associate Applicants:** Description of products and services \_\_\_\_\_

Web Site \_\_\_\_\_

**• Dues Fee Schedule:**

**Masonry Contractors:** Annual dues are determined by annual dollar volume: <\$500,000 annual volume, **\$250 (R1)**; \$500,001 - \$1,500,000 annual volume, **\$350 (R2)**; \$1,500,001 - \$3,000,000 annual volume, **\$450 (R3)**; \$3,000,001 - \$6,000,000 annual volume, **\$600 (R4)**; and \$6,000,001 > annual volume, **\$800 (R5.)** (Association dues are determined on the "honor system.")

**Associate/Suppliers:** (Includes any member company other than masonry contractor firms or general contractor firms with distinct masonry divisions.) Annual dues are determined by the number of chapters the firm participates in: For one chapter: **\$250 (A1)**, for two chapters: **\$500 (A2)**, for three chapters: **\$700 (A3)**, and for four or more chapters: **\$800 (A4)**.

**"Leadership" Member:** Voluntarily paying double dues (above.)

**"Distinguished" Member:** Voluntarily paying double dues (above) and maintaining membership in the "Mason Contractors Association of America" (MCAA.)

**Local Supplemental Fees:** Local NCMCA chapters charge local dues which are collected by the state office and are included on annual dues renewal statements. Local fees are set locally and vary from chapter to chapter. Members are expected to pay local dues to the chapter closest to the member firm and/or to area representative's base location. (Out-of-state and extremely remote instate members may choose to be exempt from local dues.) Local fees are charged on a company basis and are as follows: **Central Piedmont (Winston-Salem area): \$100, Eastern Chapter (Kinston, Greenville, Rocky Mount, Jacksonville area): \$50, Sandhills Chapter (Fayetteville, Southern Pines): \$100, Land of the Sky Chapter (Greater Asheville area): \$50, Metrolina Chapter (Greater Charlotte area): \$125, Raleigh Chapter: \$200** (Raleigh dues include meeting meals for one representative.), **Triad Chapter (Burlington, Greensboro area): \$50,** and **Western Chapter (Hickory, Morganton, Statesville, Lenoir areas): \$90.**

Membership renewal fees are due annually in membership anniversary month. NCMCA (State) membership is required for participation in local chapters. This form may be photocopied. If there are additional representatives who should be on the NCMCA mailing list, please include names, addresses, email addresses and phone numbers on the backside of this application or on a separate sheet of paper. (As a cost saving measure, please include only representatives who plan to be active in the Association.) Dues fee schedule is subject to change without notice.

(Please circle one) Masonry Contractors Members: **R1 R2 R3 R4 R5** Associate Members: **A1 A2 A3 A4** = \$ \_\_\_\_\_

(Please circle if applicable) Optional Membership Designation: **Leadership** or **Distinguished** (MCAA Member) = \$ \_\_\_\_\_

Local Chapter(s) and fee(s) \_\_\_\_\_ = \$ \_\_\_\_\_

Name of Sponsor \_\_\_\_\_ Completed by \_\_\_\_\_ Total Included \$ \_\_\_\_\_