
UTCA Membership Application



Contractor **Sub-Contractor** **Associate**

Date _____

Firm _____ Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Fax _____ Website _____

Officers (include full name, email address and title)

Additional people who would like to receive UTCA email (include full name and email address)

Brief Business Description

Recent Projects (Contractor/Sub Only)

Please check if applicable to your firm: **DBE** **WBE** **MBE**

Recommended by _____

Signature _____ *Title* _____

Annual Dues -

General Contractor: \$1000

Sub-Contractor: \$550

Associate: \$500
