

RBTC Plan Room Membership Application

Please answer all questions as completely as possible in the space provided.

Date of Application: _____

Member Type: Regular Board Member Pacesetter Corporate Partner

Membership Fee: **\$ 40.00**

Company: _____ Check if home office

Street Address1: _____ Address2: _____

City: _____ County: _____ State: _____ Zip _____

Mailing Address1: _____ Address2: _____

City: _____ County: _____ State: _____ Zip _____

[If different]:

Telephone: _____ Fax Number: _____ Web Site Address: _____

Primary Contact:

Name: _____ Title _____ Owner _____ E-mail _____

Telephone (1): _____ Telephone (2): _____

Principals of Business:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Federal Tax ID: _____ Dunn Number: _____

NAICS or CSI Code(s): (maximum 5 codes) _____

If you don't know your NAICS Code, go to <http://www.naics.com/search.htm>

Business Ownership: C-Corporation S-Corporation LLC Partnership Sole Proprietorship

Type of Business: Construction Services (non-computer) Manufacturer Communication & Computer Security

Minority Owned Certification (check all that apply)

Yes.

State of NC (HUB) NC DOT MBE WBE SBE SBA/SDB SBA/8(a) HUB Zone

Other: _____

No.

Business Start Date: (mm/dd/yyyy): _____

Number of Employees: Full Time _____ Part Time _____

Annual revenues: under \$500,000 \$500,000 to \$1 million \$1 million to \$2 million Over \$2 million

Payment

Check Enclosed

Cash