WCOE Membership Application

Name	
Title	
Company Name	
Street Address	
City, State, Zip	
Email	
Website	
Telephone	
Fax Number	
Cellphone	
Facebook	
LinkedIn	
Twitter	

Years Incorporated	
Average number of full-time employees	
DUNS #	
Are you bondable?	Yes/No
Is your company registered in CCR?	Yes/No
Is your company a union signatory or open shop?	___ Union ___ Open Shop
Is your company 51% woman owned, managed and controlled?	Yes / No
Is your company certified as woman-owned?	Yes / No

If so, please indicate all your certifications:

___ DBE ___ SBE/SDB
___ EDWOSB ___ SDVOSB
___ HUB ___ VOSB
___ MBE ___ WBE
___ NWBOC ___ Other

Billing Information

Payment Method ___ Cheque (enclosed)
___ Credit Card

Billing Name _____
Billing Phone _____
Billing Address _____
_____

What is your preferred location of work?

___ Local ___ National
___ State(s) ___ International
___ Region(s)

What is your preferred size of contracts?

___ <500k ___ $10–$15 mil
___ $1–5 mil ___ $15–$20 mil
___ $10–$2.5 mil ___ Over $20 mil
___ $5–$10 mil

Average Annual Revenue

___ <500k ___ $10–$20 mil
___ $500–1 mil ___ $20–$30 mil
___ $1 mil–$2.5 mil ___ $30–$40 mil
___ $2.5–$5 mil ___ $40–$50 mil
___ $5–10 mil ___ Over $50 mil

NAICS Codes

_____ _____ _____
_____ _____ _____
_____ _____ _____

Membership Levels

A. Contractors ___ $500
B. Professional Services ___ $650
C. Veteran Woman ___ $400
D. Woman-Owned Business ___ $1,100
E. Corporate ___ $1,250

Local Chapters

California Chapter ___ $100
Chicago Caucus ___ $500

Credit Card Information

Total Charge $_____
Card Number _____
Expiration _____
Security Code _____
Date _____
Signature _____

ALL APPLICATIONS MUST BE SIGNED

REMIT PAYMENT TO WCOE USA

1032 15th Street NW, Suite 300
Washington, DC 20005

Phone: 202-276-0646 Email: info@wcoeusa.org