



Hispanic Contractors Association of the Carolinas

CONTRACTOR MEMBERSHIP APPLICATION APLICACIÓN PARA MIEMBRO CONTRATISTA

Date _____ **Membership Period** _____
Fecha: _____ Período de Membresía: _____

Company
Compañía: _____

Main Contact _____ **Title** _____
Contacto: _____ Título: _____

Address
Dirección: _____

City _____ **State** _____ **Zip Code** _____
Ciudad: _____ Estado: _____ Código Postal: _____

Phone
Tel #: _____ **Fax:** _____

Alternate #: _____ **E-Mail:** _____
Alternativo: _____ Correo Electrónico: _____

Website:
Página de Internet: _____

Years in Business _____ **No. of Employees** _____ **Annual Sales** _____
Años de Negocio: _____ No. de Empleados: _____ Ingresos Por Año: _____

Are You a Minority Certified Contractor?
¿Es un Contratista Minoritario Certificado? _____

Please choose from the following/Por favor Seleccione:
MBE SBE DBE HUB Zone Other: _____
MBE SBE DBE HUB Zone Otro: _____

Type of Insurance
Tipo de Seguro que posee: _____

Bonding Limits _____ **NOT BONDED**
Limite de Garantía: _____ No poseo garantía: _____

Hispanic Contractors Association of the Carolinas (HCAC)
3700 Avenue of the Carolinas • Fort Mill, SC 29708
P: (803) 802-4391 - www.hccarolinas.org



Hispanic Contractors Association of the Carolinas

Doing Business as: Corporation LLC Sole Proprietorship DBA Other:
Haciendo negocios como: Corporación LLC Proprietario Único DBA Otro: _____

CSI Code:

- | | |
|---|---|
| <input type="checkbox"/> Division 1-General Data | <input type="checkbox"/> Division 9-Finishes |
| <input type="checkbox"/> Division 2-Site Construction | <input type="checkbox"/> Division 10-Specialties |
| <input type="checkbox"/> Division 3-Concrete | <input type="checkbox"/> Division 11-Equipment |
| <input type="checkbox"/> Division 4-Masonry | <input type="checkbox"/> Division 12-Furnishings |
| <input type="checkbox"/> Division 5-Metals | <input type="checkbox"/> Division 13-Special Construction |
| <input type="checkbox"/> Division 6-Wood&Plastics | <input type="checkbox"/> Division 14-Conveying Systems |
| <input type="checkbox"/> Division 7-Thermal & Moisture Protection | <input type="checkbox"/> Division 15-Mechanical |
| <input type="checkbox"/> Division 8-Doors & Windows | <input type="checkbox"/> Division 16-Electrical |

Description of Work: (Circle All That Apply)
Descripción de Trabajo: (Marque todos los que Apliquen)

- | | | |
|-------------------------------|------------------------|---------------------|
| Architects | Flooring | Roofing |
| Bonding | Food Services | Security |
| Carpentry | General Contractors | Site Work |
| Ceiling | Glass/Glazing | Specialties |
| Ceramic Tile | Hardware | Sprinkler System |
| Concrete | Insurance | Steel |
| Construction Equipment Rental | Landscaping | Stripping (Parking) |
| Defense Industry | Plumbing | Other: _____ |
| Developers | Masonry/Granite/Marble | _____ |
| Doors/Windows | Material Suppliers | _____ |
| Dry Wall | Mechanical HVAC | _____ |
| Electrical | Mechanical Plumbing | |
| Residential | Millwork | |
| Financial Services | Municipalities | |
| Fire Alarm | Painting | |
| Fleet Services | | |

Project Size:

- \$0 - \$50,000
 \$50,001 - \$ 250,000
 \$250,001 - \$1,000,000
 \$1,000,001 - \$5,000,000
 \$5,000,001 +

Bonding Limits

- \$0 - \$50,000
 \$50,001 - \$ 250,000
 \$250,001 - \$1,000,000
 \$1,000,001 - \$5,000,000
 \$5,000,001 +

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6. Do you customarily sub out any portion of your work? If so, describe/ Subcontrata algún trabajo: _____

Your HCAC Membership expectations/Expectativas sobre su Membresía con HCAC:

Name 3 Contractors in North and South Carolina with whom you have done business, in the last two years/Nombre 3 Contratistas con los que haya trabajado en los últimos 2 años:

General Contractor Name: _____

Phone Number: Contact: _____

Project Name: Date of work performed: _____

Amount of Subcontract: _____

General Contractor Name: _____

Phone Number: Contact: _____

Project Name: Date of work performed: _____

Amount of Subcontract: _____

General Contractor Name: _____

Phone Number: Contact: _____

Project Name: Date of work performed: _____

Amount of Subcontract: _____

Have you ever failed to complete a project? If YES, describe which job and the reason/Alguna vez fallo en terminar un proyecto? Si su respuesta es SI, describa el trabajo y sus razones:

Have you ever been the Claimant in a law suit or had legal action taken against you or your company? If YES, describe in detail/Alguna vez ha iniciado una demanda o han tomado acciones legales en contra de usted o su compañía? Si su respuesta es SI, describa en detalle:

How did you hear about us?

¿Como se entero de nosotros? _____

Referred by:

Referido por: _____

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CONTRACTOR MEMBERSHIP FEES

COSTO DE MEMBRESIA PARA CONTRATISTAS

2008

<u>Annual Sales</u> Ingresos Por Año	<u>Annual Fees</u> Cuota Anual
000 – 250K	\$150
251 – 500K	\$250
501K – 1.5M	\$350
1.5M - 5M	\$500
5M – 10M	\$1,000
10M plus	\$1,500

Method of Payment: **Cash** **Check** **Credit Card**
Forma de Pago: Efectivo Cheque Tarjeta de Crédito

Credit Card # _____ **Expiration date** _____
No. de Tarjeta: _____ Fecha de Exp.: _____

CC billing address _____
Dirección de Cobro de Tarjeta: _____

Signature/Firma: _____ **Date/Fecha:** _____