



Hispanic Contractors Association of the Carolinas

## VENDOR MEMBERSHIP APPLICATION APLICACIÓN PARA MIEMBRO VENDEDOR

**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** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
Tel #: \_\_\_\_\_

**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: \_\_\_\_\_

**How did you hear about us?**  
¿Como se entero de nosotros? \_\_\_\_\_

**Referred by:**  
Referido por: \_\_\_\_\_

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



Hispanic Contractors Association of the Carolinas

**Select from the following list your line of business:**

- |   |  |
|---|--|
| <input type="checkbox"/> Barricades                       | <input type="checkbox"/> Construction Software       |
| <input type="checkbox"/> Fire Security/Alarms             | <input type="checkbox"/> Metal Building              |
| <input type="checkbox"/> Plumbing/Pipes/Valves/Fitting    | <input type="checkbox"/> Power Generation            |
| <input type="checkbox"/> Safety/First Aid                 | <input type="checkbox"/> Steel Fabrication           |
| <input type="checkbox"/> Temporary Roll-Off Dumpsters     | <input type="checkbox"/> Brick Manufacturer/Supplier |
| <input type="checkbox"/> Control Systems                  | <input type="checkbox"/> Concrete                    |
| <input type="checkbox"/> Hand Tool/Sales                  | <input type="checkbox"/> Office Products/Furniture   |
| <input type="checkbox"/> Lumber/Trusses/Building Material | <input type="checkbox"/> Scaffolding                 |
| <input type="checkbox"/> Steel/Structural/Reinforcing     | <input type="checkbox"/> Panels/Roof                 |
| <input type="checkbox"/> Equipment/Rental/Sales/Service   | <input type="checkbox"/> HVAC                        |
| <input type="checkbox"/> Electrical                       | <input type="checkbox"/> Mechanical                  |
| <input type="checkbox"/> Other: _____                     |  |

**Product and Service Description:**

_____ _____ _____ _____ _____ _____ _____
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**Your HCAC Membership expectations:**

_____ _____ _____ _____
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