

**BOARD OF DIRECTORS**

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Pearl Brower

**MEMBERSHIP APPLICATION**

Name of Entity: \_\_\_\_\_

Is your Entity owned by an American Indian Tribe, Alaska Native Corporation or Native Hawaiian Organization?  YES  NO

If “Yes,” then the name of the American Indian Tribe, Alaska Native Corporation or Native Hawaiian Organization

\_\_\_\_\_

Is your Entity 8(a) Certified?  YES  NO Number of years the Entity has participated in Government Contracting: \_\_\_\_\_

Estimated annual revenue (previous year) generated from government contracting: \_\_\_\_\_  
*(this information is used to determine the level of dues applied to your entity)*

**Please list the person/s who will be the main point/s of contact for your NACA Membership**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Webpage: \_\_\_\_\_

**Please list the point of contact to receive the NACA Invoice, if different from person listed above:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please email completed application to [executivedirector@nativecontractors.org](mailto:executivedirector@nativecontractors.org) and [gcarroll@nativecontractors.org](mailto:gcarroll@nativecontractors.org)