

# FCCOC MEMBERSHIP APPLICATION

*Advocacy through Education: The unified voice of the federal contractor's community*

## SECTION A: Business / Organization Information

Field	Description / Instructions
Organization Name	
DBA / Trade Name (if any)	
Year Established	
Type of Organization	<input type="checkbox"/> Corporation _____ <input type="checkbox"/> LLC _____ <input type="checkbox"/> Sole Proprietorship _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Non-Profit _____
Primary Business Address	
Mailing Address (if different)	
Website	
DUNS / UEI Number	
CAGE Code	
NAICS Codes	

## SECTION B: Contact Information

Contact	Name	Title	Phone	Email
Primary				
Billing				
Secondary				

## SECTION C: Membership Category & Dues

MARK-X	Membership Entity	Units	Fee	Total
	<b>EDUCATION ONLY</b>			
	Lunch and Learn Membership		\$1500.00__ ea.	
	Additional LLM Company Pass		\$750.00_ea	
	Chamber[U] Membership Startup Learning		\$3500.00__ea.	
	Additional Chamber[U]MSL – Company Pass		\$2500.00_ea	
	Chamber[U] Business Membership		\$7500.00 ea_	
	*Additional Chambe [U]Business- Company Seat		\$3500.00_ea	

MARK-X	Membership Entity	Units	Fee	Total
	<b>CHAMBER BUSINESS ONLY</b>			
	Chamber Business Membership		\$5,500.00__ ea.	
	*Additional Chamber[U] Company Seat		\$3,500.00__ ea.	
	Chamber Business Plus Membership		\$10,500.00__ ea.	
			<b>TOTAL</b>	

## SECTION D: Areas of Interest & Participation

Please check all areas in which your organization is interested in participating in or receiving information:

- Federal Contracting / Government Procurement
- Subcontracting Opportunities
- Education & Workshops / Training Sessions
- Regulatory & Policy Updates
- Networking Events
- Strategic Partnerships & Alliances
- Innovation / Technology Collaborations
- Marketing & Business Development Support
- “WeCare” / Community Engagement Committees
- Other: \_\_\_\_\_

## SECTION E: Company Profile & Capabilities

Question	Your Response
Describe your primary products / services	

Question	Your Response
Key contracting experience (federal, state, city) – include contracts, agencies, value	Federal _____ State _____ City _____ Agencies _____ Prime _____ # of awards _____ Subcontractor _____ # of awards _____ Managed Values- Less than \$100K _____ \$500K _____ \$1Mil _____ \$5Mil _____ \$10Mil _____
Number of employees	Full-time _____ Part-time _____
Geographic areas served (States, regions, U.S., international)	
Certifications held (e.g., 8(a), HUBZone, SDVOSB, WOSB, etc.)	

## SECTION F: Agreement & Signature

By submitting this application, the undersigned agrees that:

1. The information provided is true, accurate, and complete.
2. Upon acceptance of membership, your organization will abide by FCCoC's bylaws, policies, and code of ethics.
3. FCCoC may use your organization's name, logo, and basic profile for membership directory and promotional materials.
4. Membership dues are non-refundable.

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

**Name (Printed):** \_\_\_\_\_

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

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

	<b>TO BE FILLED BY FCCOC STAFF</b>	
<b>Application Received Date</b>		
<b>Reviewed By</b>		
<b>Membership Approve By</b>		

	<b>TO BE FILLED BY FCCOC STAFF</b>	
<b>Membership Level Approved</b>		
<b>Date Effective</b>		
<b>Membership ID Number</b>		
<b>Notes / Special Agreements</b>		

\*\*Upon approval of your FCCoC Membership Application, you will receive a secure payment link via email. This link will allow you to conveniently complete your membership dues transaction online. Please note that membership benefits will become active once payment has been received and confirmed.