

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

	Membership Entity		Fee	
X	Chamber Lunch & Learn Series Only		\$ _2500.00__	
		Additional Seat	\$ 2000.00__	
	Business Membership		\$ 6000.00__	
		Additional Seat	\$ 3000.00_	
	Executive Membership		\$ 10,000.00_	
		Additional Seat	\$ 5000.00_	
		Total		

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	
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: _____

TO BE FILLED BY FCCOC STAFF	
Application Received Date	
Reviewed By	
Membership Approve By	
Membership Level Approved	
Date Effective	
Membership ID Number	
Notes / Special Agreements	

****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.**