## 2024 CONTRACTOR MEMBERSHIP APPLICATION

## National Utility Contractors Association of Iowa

10550 New York Ave, Suite 200, Des Moines, IA 50322-3775 Phone: (515) 733-8090 | Cell: (815) 878-1243 kimfrey@nuca.com | www.nucaofiowa.com



Company Name:			
Mailing Address:			
Physical Address:			
Phone: ()	Fax: <u>()</u>	Website:	
Main Contact: Name:	Title:	Email:	
Year Company Founded:	Number of Employees # Union or Non Union		
Names of other owners, partners, m Name:	nanagers, or key persons you wish to recei Title:	ve notices from NUCA of Iowa : Email:	
NUCA of Iowa uses your email add	lress to send notices, updates and other i	nember materials. Your signature gives us au	thority to provide

this information to you via email . (FCC requires signed consent)

## Signature:

**Contractor/Excavator member:** Any person, firm, or corporation engaged in excavation, site preparation, earth moving or the construction and/or rehabilitation of utility systems including, but not limited to, storm sewers, sanitary sewers and drainage systems, water lines, cables (underground communication and electric), ducts, conduits, gas lines, tunneling, boring, trenchless construction, treatment systems, pump stations and other utility construction and appurtenances thereof. Dues amount is based on your company's total annual utility construction revenue. Dues include membership in NUCA of Iowa (Chapter) and NUCA (National). If your company already holds NUCA Membership in another state or Iowa location, you may qualify for the multi-location discount. Contact Executive Director Kim Frey for details.

Annual Utility Construction Revenue Less than \$2,000,000 \$2,000,000 to \$5,000,000 \$5,000,000 to \$10,000,000 More than \$10,000,000	Annual Dues \$1,420 \$2.435 \$2,815 \$3.180	NUCA National and a charitable contrib dues paid to an ass		as a business expense, but not as of business expense deductions for activities even if dues are not
Total New Membership Charge: \$   Payment Method: Check payable to NUCA	of Iowa	MasterCard	AmEx	
CC#			Exp Date:	
Name on Card:		CID:		
Billing Address:				_
City:		State:	Zip <u>:</u>	_
Signature:				
Contractor Member: Check areas that best	describe your compan	y's business (to be lis	sted in the NUCA Membersh	nip Directory):
Roadway/Hwy/Bridge Const. (RB)Communications (T		TC)Se	wer/Water Const. (SW)	Electric Power (EP)
Excavation, Site Dev. (EX)	Trenchless Installa	tion (TT)Tre	atment Plant Const. (PW)	Trenchless Rehab. (TR)