



HACIA MEMBERSHIP APPLICATION

HACIA USE: Date Received: _____ Missing Info: _____ _____ _____ M.E. copy <input type="checkbox"/>

I. COMPANY INFORMATION

Company Name _____ Date Established _____

Type of Business Organization: _____ Sole Proprietorship _____ Partnership _____ Corporation

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____ Website _____

Signature of Designated Representative & Title _____

For purpose of representation, one membership designee is conferred to the company. This member will serve as its voting member and will be responsible for upholding membership responsibilities.

HACIA Membership recommended by _____

Principals of the Company (Identify all partners, proprietors, and stockholders by name)

Name	Title
_____	_____
_____	_____
_____	_____

Brief Description of Services or Work Performed. *To be included in directory and to make referrals.*

Annual Gross Dollar Revenue for last three years: \$ _____ \$ _____ \$ _____

Number of Full-Time Employees _____ Number of Part-Time Employees _____

Insurance Coverage Maintained (Workers' Comp., General Liability, etc.) _____ Yes _____ No _____

Maximum Bonding Capacity \$ _____ Largest Bonded Project \$ _____

II. CERTIFICATIONS, DESIGNATIONS

check all that apply

MBE CERTIFICATIONS	EXPIRES	WBE CERTIFICATIONS	EXPIRES	OTHER CERTIFICATIONS	EXPIRES
<input type="checkbox"/> City of Chicago		<input type="checkbox"/> City of Chicago		<input type="checkbox"/> SBA/8A	
<input type="checkbox"/> Cook County		<input type="checkbox"/> Cook County		<input type="checkbox"/> ILUCP/DBE	
<input type="checkbox"/> CMS		<input type="checkbox"/> CMS			
<input type="checkbox"/> CMBDC		<input type="checkbox"/> WBDC			

NOTE: A COPY OF THE FIRM'S CURRENT CERTIFICATION LETTER MUST BE SUBMITTED WITH APPLICATION.

Union Affiliation:

Local #: _____

Divisions:

Division codes

_____ 1 General Requirements	01- _____	01- _____	01- _____	01- _____
_____ 2 Site work	02- _____	02- _____	02- _____	02- _____
_____ 3 Concrete	03- _____	03- _____	03- _____	03- _____
_____ 4 Masonry	04- _____	04- _____	04- _____	04- _____
_____ 5 Metals	05- _____	05- _____	05- _____	05- _____
_____ 6 Wood/Plastic	06- _____	06- _____	06- _____	06- _____
_____ 7 Thermal/Moisture Protection	07- _____	07- _____	07- _____	07- _____
_____ 8 Door/Windows	08- _____	08- _____	08- _____	08- _____
_____ 9 Finisher	09- _____	09- _____	09- _____	09- _____
_____ 10 Specialties	10- _____	10- _____	10- _____	10- _____
_____ 11 Equipment	11- _____	11- _____	11- _____	11- _____
_____ 12 Furnishings	12- _____	12- _____	12- _____	12- _____
_____ 13 Special Construction	13- _____	13- _____	13- _____	13- _____
_____ 14 Conveying Systems	14- _____	14- _____	14- _____	14- _____
_____ 15 Mechanical	15- _____	15- _____	15- _____	15- _____
_____ 16 Electrical	16- _____	16- _____	16- _____	16- _____

Commodity Codes (NAICS):

Code 1: _____ Code 2: _____ Code 3: _____ Code 4: _____

III. PROJECT INFORMATION – *Please list the company’s three most recent jobs*

Job #1

Name of Project, Location, Completion Date

Type of Work Performed, Contract Amount

Name of Client and Company

Contract Name and Phone Number

Job #2

Name of Project, Location, Completion Date

Type of Work Performed, Contract Amount

Name of Client and Company

Contract Name and Phone Number

Job #3

Name of Project, Location, Completion Date

Type of Work Performed, Contract Amount

Name of Client and Company

Contract Name and Phone Number

IV. MEMBERSHIP CATEGORIES

■ Regular Membership

- ✓ At least 51% Hispanic owned and managed
- ✓ MBE/WBE/DBE certified. Current certification(s) must be submitted with this application and annually

■ Associate Membership

- ✓ Less than 51% Hispanic owned and managed
- ✓ \$5,000,000 or less gross annual revenues

■ Corporate Membership

- ✓ Gross revenues of \$5,000,001+

Membership Category (check one): ___ Regular ___ Associate ___ Corporate

Annual Membership Dues

Total volume is defined as last year's annual gross revenues.

- | | | |
|---|-------|---------|
| <input type="checkbox"/> Company is less than two years old | | \$ 300 |
| <input type="checkbox"/> Total Volume under \$250,000 | | \$ 400 |
| <input type="checkbox"/> Total Volume \$250,001 - \$500,000 | | \$ 600 |
| <input type="checkbox"/> Total Volume \$500,001 - \$1,000,000 | | \$ 700 |
| <input type="checkbox"/> Total Volume \$1,000,001 - \$3,000,000 | | \$ 900 |
| <input type="checkbox"/> Total Volume \$3,000,001+ | | \$1,250 |
| <input type="checkbox"/> Total Volume \$5,000,001+ | | \$1,800 |

Amount Enclosed \$ _____ *Payment either by check payable to HACIA or include credit card information below.*

Name on Card _____ Signature _____

Credit Card Type _____ Credit Card # _____ Exp. Date _____

Please attach all necessary documents and payment and mail or fax all application items to:
HACIA, 901 W. Jackson - Suite 205, Chicago, IL 60607