



UTILITY CONTRACTORS ASSOCIATION OF CONNECTICUT

145 New London Turnpike, Suite 1133, Glastonbury, CT 06033
Phone: (860) 978-7346 | Fax: (860) 524-8509 | website: www.ucac.pro

2017 Membership Application

Company Name: _____

Primary Contact: _____ Title: _____

Company address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Type of Business: _____

Referred by (name/company, if any): _____

Membership Type

I am a (check one): Contractor (person, firm or corporation actively engaged in construction, excavation, site work or preparation, or rehabilitation of underground utility systems); amount below **includes NUCA contractor dues rate** (see separate dues schedule).

Contractor Member Dues Schedule (based on total annual revenue from underground utility and site work performed in 2016):

___ \$0 to \$500,000: \$1,475 ___ \$500,001 to \$1 million: \$1,560 ___ \$1,000,001 to \$2 million: \$1,670
___ \$2,000,001 to \$5 million: \$2,855 ___ \$5,000,001 to \$10 million: \$3,405 ___ More than \$10 million: \$4,230
___ Out-of-state-contractor: based on one-half of the volume

Associate (manufacturer, vendor or supplier to the utility contracting and construction industry): \$905 (**includes \$280 for NUCA membership-required**)

Affiliate (local governments; non-profit organizations): \$315

I would like to make a donation to the UCAC Scholarship Fund: \$ _____

Payment (covers membership through Dec. 31, 2017). Total: \$ _____ check enclosed (payable to UCAC)

Signature: _____

In consideration of the benefits of membership in the Utility Contractors Association of Connecticut, I am applying for membership pursuant to the Constitution and Bylaws of the Association. I consent to receive communications sent by or on behalf of UCAC.

Categories that describe the work you perform:

___ Excavation/site work ___ Communications ___ Electric power
___ Sewer/water construction ___ Drainage systems ___ Gas distribution
___ Trenchless technology ___ Road/highway/bridge construction ___ Manufacturer
___ Supplier ___ Other services (please specify): _____

UCAC Internal Use Only

Received By: _____ Date: _____

UCAC Board approval: _____ Date: _____