

NCCMP MEMBERSHIP APPLICATION

Please Send Completed Application To:

National Coordinating Committee for Multiemployer Plans (NCCMP)

815 16th Street, N.W., Washington, DC 20006

202-737-5315 • Fax: 202-737-1308 • e-mail: NCCMP@nccmp.org

Legal Name of Fund: _____

Fund Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

e-mail: _____

International Union Affiliation: _____

Local or District Council: _____

Fund Size: _____ Scope: (National, Regional or Local)

States Represented: _____

Fund Types: (i.e. Defined Benefit Pension) _____

Please Provide The Following Contact Information For The Primary Billing Contact And Each Of The Trustees & Professional Advisors. Make Copies As Necessary.

Please Circle: (Mr., Mrs., Ms., Miss, Dr.) _____

First Name: _____ Middle Initial: _____

Last Name: _____

Please Circle If Applicable: (Jr., Sr., II, III, Esq.) _____

Job Title: (i.e. Business Manager) _____

Relationship To Fund: (i.e. Trustee, Consultant) _____

Are You The Fund's Primary Contact? Please Circle: YES NO

Company or Union: _____

Mailing/ Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

e-mail: _____

Membership dues enclosed.

Please bill me.

I would like more information about the NCCMP.