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.