



# UNMANNED COAST

Unmanned Systems. Uncommon People. Unparalleled Innovation

## MEMBERSHIP APPLICATION

### Contact

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Address \_\_\_\_\_ Primary POC \_\_\_\_\_

Secondary POC \_\_\_\_\_

Website \_\_\_\_\_

### Profile

Primary Line of Business \_\_\_\_\_

State/Year Incorporated \_\_\_\_\_ UEI Number \_\_\_\_\_

Number of Employees \_\_\_\_\_ CAGE Code \_\_\_\_\_

Primary NAICS Code \_\_\_\_\_ DUNS Number \_\_\_\_\_

Federal Small Business Contracting Status

SBA Certified 8A Participant	Service Disabled Veteran Owned
SBA Certified HUB Zone	Veteran Owned Business
SBA Certified Small Disadvantaged Business	Woman Owned Business
Self-Certified Small Disadvantaged Business	Minority Owned Business
AbilityOne (formerly JWOD) Non-Profit Agency	

Financial Audit Level

Self Audit	External Audit	DCAA
Other _____		

Number of	Patents Held	Provisional Patents Held	Copyrights Held
	_____	_____	_____

### Needs

Expectations from Membership

Advocacy	Press Support	Community Improvement
Training	Networking/Partnerships	Advertising
Mentoring	Building Customer Base	Technology Transfer
Commercialization	Other _____	

Primary Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Acknowledge

Membership and services are covered by the SBA RIC contract, the only requirement is participation in an annual survey via email and quarterly data check-ins.

Signature \_\_\_\_\_



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