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APPLICATION FOR MEMBERSHIP

Date: _____

Company Name			Business Classification		
# of Employees			% Hispanic Owned		
Company Website					
Primary Contact Name					
Company Address					
City		State		Zip	
Telephone		Fax			
Mobile Tel.		Email			
Small/Medium/Large Company Second Contact	Name				
	Telephone				
	Mobile				
	Email				
Medium/Large Company Third Contact Name	Name				
	Telephone				
	Mobile				
	Email				
Medium/Large Company Fourth Contact Name	Name				
	Telephone				
	Mobile				
	Email				
MEMBERSHIP LEVEL					
___ CORPORATE		\$ 750.00	[MORE THAN 100 EMPLOYEES]		
___ MEDIUM CORPORATION		\$ 300.00	[50 - 100 EMPLOYEES]		
___ SMALL BUSINESS		\$ 150.00	[LESS THAN 50 EMPLOYEES]		
___ NON-PROFIT/GOVERNMENT		\$ 100.00			
___ INDIVIDUAL		\$ 80.00			
METHOD OF PAYMENT					
Check #		Amount Enclosed:			
___ Visa	___ MasterCard	Name as it appears on the Card:		Card Number:	
Signature:			Expiration Date:		

Type of Company: (Check only one)	
<input type="checkbox"/> Construction	<input type="checkbox"/> Government
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Retail
<input type="checkbox"/> General Services	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other
<input type="checkbox"/> Production	<input type="checkbox"/> Financial Services
Tax ID #	
Ownership:	<input type="checkbox"/> Private <input type="checkbox"/> Public
Legal Structure: (Check only one)	
<input type="checkbox"/> Sole Partnership	<input type="checkbox"/> LLP
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Other
Date Established:	
Areas Served (Check all that apply)	
<input type="checkbox"/> Local	<input type="checkbox"/> State
<input type="checkbox"/> Regional	<input type="checkbox"/> National
<input type="checkbox"/> International	
Minority/Woman/Disadvantage Business Enterprise:	
<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Woman Owned
<input type="checkbox"/> Disabled Veteran	
Principle Owner :	<input type="checkbox"/> Male <input type="checkbox"/> Female
US Citizen/Legal Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certifications Held:	
Type: (Check all that apply)	
<input type="checkbox"/> HUB	<input type="checkbox"/> 8a
<input type="checkbox"/> WBE	<input type="checkbox"/> DBE
<input type="checkbox"/> MBE	<input type="checkbox"/> QISV
<input type="checkbox"/> Other	
Awards and Certification (Other than M/W/DBE., HUB, 8a, QISV)	
Awards:	
Certifications:	