



A U.S. SMALL BUSINESS ADMINISTRATION STRATEGIC PARTNER
FOUNDED 1972

NMBC MEMBERSHIP APPLICATION

Annual Membership Fee: \$375.00

DO NOT COMPLETE THIS APPLICATION IF YOUR COMPANY IS LESS THAN 51% MINORITY OWNED (MEANING A PERMANENT RESIDENT OF THE UNITED STATES WHO IS: AFRICAN AMERICAN, HISPANIC AMERICAN, ASIAN AMERICAN, AMERICAN INDIAN, ESKIMO OR HASIDIC JEW) OR WOMAN-OWNED BUSINESS OR VETERAN OWNED BUSINESS.

Legal Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

President/CEO: Ms./Mr. _____

Additional Contact Person: Ms./Mr. _____

Phone: _____ Fax: _____ Email: _____

Ethnic Group: African American Hispanic American Asian American American Indian

Eskimo Hasidic Jew Veteran Owned Business Other

Is this a Woman-Owned Business? Yes No

Percent of Minority Ownership: _____ % Percent of Woman Ownership: _____ %

Type of Ownership: Sole Proprietorship Partnership Corporation

Year Company Established: _____ Estimated Annual Sales for Last Year: _____

Number of Employees: _____ Company Industry: _____

Business Type: Service Manufacturer Wholesaler Distributor Construction Retail

Federal Taxpayers I.D. #: _____

Key Products/Services: _____

Our major business comes from: Federal Government City Agencies State Agencies Private Sector

Service Area: Local Regional National International

Business Description: _____

Please Sign: _____ Date: _____

Referred By: _____ Company: _____

Please return completed application along with payment to the address below. Note: this amount is fully tax-deductible.