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info@nmbc.org | www.nmbc.org NMBC MEMBERSHIP APPLICATION □ New □ Renewal **Annual Membership Fee: \$415.00** 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: Email: Website URL: Ethnic Group: ☐ African American ☐ Hispanic American ☐ Asian American **□** Native American □ Eskimo ☐ Hasidic Jew ☐ Veteran Owned Business ☐ Other Is this a Woman-Owned Business? \square Yes \square No Percent of Minority Ownership: _____ Percent of Woman Ownership: Company Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC Year Company Established: ___ Estimated Annual Sales for Last Year: _ Number of Employees: ___ Main Industry: __ Business Type: ☐ Service ☐ Manufacturer ☐ Wholesaler ☐ Distributor ☐ Construction ☐ Retail Federal Taxpayers I.D. #: **Kev Products/Services:** Our major business comes from: Federal Government City Agencies State Agencies Private Sector Service Area: □ Local □ Regional □ National □ International **Business Description:**

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

Please Sign:

Referred By:

National Minority Business Council, Inc. 1120 Ave. of the Americas, Suite 4179, New York, NY 10036

Date:

Company: