



## 2019-2020 MEMBERSHIP APPLICATION New/Renewal

### APPLICANT INFORMATION

Agency/Organization:

First Name:

MI:

Last Name:

Title:

Mailing Address:

Street Address:

City:

State:

ZIP Code:

Office Phone:

Fax:

Email:

Website:

Voting Member *(one per organization)*:

Area of Specialization:

### ADDITIONAL STAFF/ALTERNATE MEMBERS

First Name:

MI:

Last Name:

Title:

Mailing Address:

Street Address:

City:

State:

ZIP Code:

Office Phone:

Fax:

Email:

Website:

Area of Specialization:

First Name:

MI:

Last Name:

Title:

Mailing Address:

Street Address:

City:

State:

Zip:

Office Phone:

Fax:

Email:

Website:

Area of Specialization:



## 2019-2020 MEMBERSHIP APPLICATION New/Renewal

ALL MEMBERSHIPS EXPIRE JUNE 30, 2020

### AGENCY/BUSINESS/NON-PROFIT

Membership Period	Annual Membership Fee				
July 2019 – June 2020	1 person	2-3 persons	4-5 persons	6-9 persons	10+ persons
Payment due with completed application	\$225	\$600	\$1000	\$1500	Special consideration

### CORPORATE

Membership Period	Annual Membership Fee				
July 2019 – June 2020	1 person	2-3 persons	4-5 persons	6-9 persons	10+ persons
Payment due with completed application	\$500	\$1200	\$2000	\$3000	Special consideration

### SIGNATURES

I authorize the information provided on this form is accurate.

**Signature of Applicant:**

**Date:**

**Agency:** Agency membership shall be comprised of those individuals within government and educational institutions responsible for administering and developing M/WBE or Supplier Diversity Programs. Agencies can assign one voting member.

**Business/Non-Profit:** The business and non-profit categories will be assigned to those individuals from small to medium size organizations that have a functioning M/WBE or Supplier Diversity Program. Such programs must have a designated coordinator whose primary responsibility is to support the growth of minority and women owned firms. Members within the business/non-profit category can assign one voting member.

**Corporate:** Corporate membership will consist of those individuals from corporations with a functioning M/WBE or Supplier Diversity Program striving to promote equal access to opportunities for minority and women owned firms. Each corporation can assign one voting member.

Please fill the Payment Date, Number (#) of Persons in each Category and dollar (\$) amount listed below:

Membership Payment Date:					
Agency	Business	Non-Profit	Corporate		
Annual Membership Fee:			New	Renewal	
			\$	\$	

**For additional membership information, please contact:**

Stacey Moretti at (980) 343-6856 or  
Email: [secretary@mwbecoordinators.org](mailto:secretary@mwbecoordinators.org)

**All checks to be submitted to:**

NC MWBE Coordinator's Network  
Attn: Membership Dues  
P.O Box 1856  
Raleigh, NC 27602

**Office Use Only:**

Treasurer Rec'd: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_  
Amount Rec'd: \_\_\_\_\_  
Membership Type: \_\_\_\_\_