



## CORPORATE MEMBERSHIP FORM

Company Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*Both Primary and Secondary Contacts will receive the monthly Newsletter**

Who should be listed in the online WBENCLink database accessed by all WBECs?

(Please circle) **Primary Contact Secondary Contact Other**

*If other, please complete the following:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Indicate preferred WBENCLink Password:** \_\_\_\_\_

### Online Information:

Website Address: \_\_\_\_\_ May WBEC-West Hyperlink to your site?

Yes  NO

Who should we contact for website information and logo usage?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Will you link WBEC-West to your supplier information page at your website?

Yes  No



**MEMBERSHIP FORM CONTINUED**

**Other Information:**

Do you currently have a supplier diversity program for women-owned business? Yes [\_\_\_\_\_] No [\_\_\_\_\_]

If you answer "No," what is your planned implementation schedule?

Would you like WBEC-West to assist you with your implementation?

If you answered "Yes," do you...

Require third-party certification? Yes [\_\_\_\_\_] No [\_\_\_\_\_]

Accept WBENC certification? Yes [\_\_\_\_\_] No [\_\_\_\_\_]

Accept other certifications for WBEs? Yes [\_\_\_\_\_] No [\_\_\_\_\_]

Can you provide in-kind support to WBEC-West? Yes [\_\_\_\_\_] No [\_\_\_\_\_]

I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED A COMMITMENT AND THAT MY CORPORATION WILL START RECEIVING MEMBERSHIP BENEFITS ACCORDING TO THE DATE MY APPLICATION IS RECEIVED.

AUTHORIZING SIGNATURE: \_\_\_\_\_

**Payment Information:**

WBEC-West Annual Dues (Amount): \$3,500

Please invoice my corporation (Invoices are pro-rated by quarter to the end of the year.)

Charge to my: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp Date: / / \_\_\_\_\_

3 Security Code located on the back of card: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

Signature Authorizing Charge: \_\_\_\_\_

If mailing payment please send a copy of this form and the check to:

WBEC-West  
Attention: Pamela Williamson  
840 East Mckellips Road  
Suite 108 Mesa, Arizona 85203



Thank you for joining WBEC-West! If you have any questions, please call Pamela Williamson at 602-320-3331. Please fax completed application to 480-969-2717 or email to [Pamela@wbec-west.org](mailto:Pamela@wbec-west.org).