



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 WBEs?

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

If other, please complete the following:

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Can you provide in-kind support to WBEC-West (i.e.: AV, space (during business hours or after hours), food & beverage, printing)? Yes No

If yes, please specify what type of in-kind you can provide: _____

Please check off all states that your company currently has a footprint in: CA AZ NV
CO UT WY HI Guam

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 on your website? Yes No



MEMBERSHIP FORM CONTINUED

Other Information:

Do you currently have a supplier diversity program? Yes No

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

Would you like WBEC-West to assist you with your implementation? Yes No

If you answered "Yes," please provide the best contact number for WBEC-West to reach you.

_____]

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): Enter Amount here _____]

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: Dr. Pamela Williamson
1515 North Greenfield Road, Suite 102
Mesa, Arizona 85205

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 office@wbec-west.org.