



Pronounced as [ômbē]

MEMBERSHIP APPLICATION

Member Profile:

Company: _____

DBA: _____

Mailing Address: _____

Physical Address: _____

Main Phone: _____ Website: _____

Primary Contact : _____ Title : _____

E-Mail : _____ Phone : _____ This is a cell phone

Alternate Contact : _____ Title : _____

E-Mail : _____ Phone : _____ This is a cell phone

Referred by: _____

of Skilled Employees: _____ # of Administrative Employees: _____ UBI #: _____ Year Your Business Started: _____

Are you a minority-owned, woman-owned, or disadvantaged business? Check all that apply:

- EDWOSB
- VOB
- SDVOSBC
- DBE
- HUBZone
- 8a
- MBE
- WBE
- WOSB

Are you certified? Yes No Certification Issued By _____ Certification # _____

Describe the type of work performed and services offered (this information will be included in our online member directory):

NAICS code(s): _____

Check The Main Reasons For Joining AWMB

- | | | |
|---|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Flagger Certification | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Industry News | <input type="checkbox"/> Certification for State, MWBE |
| <input type="checkbox"/> Bids | <input type="checkbox"/> Insurance and Bonding | <input type="checkbox"/> Certification for Federal, DBE |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Safety Training/Resource |
| <input type="checkbox"/> Business Marketing | <input type="checkbox"/> Legislative | <input type="checkbox"/> Workforce Development/HR |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Inl-Labor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Management Training | |

Get Involved: If you would like to share your talents and experience with our committees, please email inquiry@awmbwa.org

Membership Dues: Annual Fees

- Start Up Business (1-2 years).....\$50
- Businesses (2 years+).....\$150
- Public Agency Members.....\$300
- Corporate Members.....\$500

We welcome **sponsorship** for events, meetings and training.
Please email inquiry@awmbwa.org

Please provide payment within 48 hours of application submittal.

Please check your method of payment:

- You may pay by visiting our website awmbwa.org and scrolling to the bottom of our homepage, look for the "Please Pay Here." Your credit card payment is secured through PayPal.
- Or you may pay by mailing us a check to 2802 Emerald St. Milton, WA 98354 and making it payable to: AWMB.

Signed: _____ Date: _____ Total Paid: \$ _____

The above firm hereby applies for membership in the Association of Women and Minority Businesses. We have completed the form and we also understand that our membership renewal will be payable next January. For tax purposes AMWB is a 501 (C) (6) organization.

Special Instructions:

This portion is for AWMB Notes
