



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](mailto: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](mailto: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](http://awmbwa.org) and at the top of our homepage, look for the "Become a Member of AWMBWA." Select your company type and complete transaction. 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:**

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**This portion is for AWMB Notes**

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**Please complete and email this form to [inquiry@awmbwa.org](mailto:inquiry@awmbwa.org).**