AWMB Association of Women and Minority Businesses

awmbwa.org

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

☐ Advertising
☐ Apprenticeship
☐ Bids
☐ Business Development
☐ Business Marketing
☐ Finance
☐ First Aid/CPR
☐ Flagger Certification
☐ Industry News
☐ Insurance and Bonding
☐ Leadership Development
☐ Legislative
☐ LnI-Labor
☐ Management Training
☐ Networking
☐ Certification for State, MWBE
☐ Certification for Federal, DBE
☐ Safety Training/Resource
☐ Workforce Development/HR
☐ Other _____

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 select menu item "More", and select "How to Become a Member." 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:

This portion is for AWMB Notes

Digital Copy of Membership Application Form & Pay Online
https://awmbwa.org/how-to-become-a-member
*Please submit payment within 48 hours of application submittal.

Please complete and email this form to inquiry@awmbwa.org.

2802 Emerald St. Milton, WA 98354 | Email: Inquiry@awmbwa.org | Website: awmbwa.org