BWE MEMBERSHIP APPLICATION

NYS Association of Black Women Owned Enterprises, Inc. 730 Fulton Avenue, Hempstead, New York 11550 516.485.5900 516.485.0423 Fax www.blackwomenenterprises.org

MEMBERSHIP CLASSIFICATON

(Please select what best describes your membership classification)

\$150 General Member Black Woman Business Owner	\$	\$1,000	Lifetime Member
\$150 Associate Member Business Owner – Non Black Wor	man	\$1,000	Corporate Member
\$150 Aspiring Business Owner	9	\$150	Membership Renewal
MEMBER INFORMATION (Please print or type)	Date	Э	
Name			
Company	Title		
Address			
City	Stat	е	Zip Code
Company Phone	Company Fax		
Home Phone	Pho	Phone Fax	
E-mail	Web	osite	
Date of Birth (with out the year)			
Name of Industry or Business Classification			
Description of Product/Services			
METHOD OF PAYMENT (Please select one)			
	redit Cards (Please cird asterCard Visa	cle one) Amex	Check (Please make checks payable to BWE, is a 501 (c) 3 not-for-profit corporation.)
Credit Card No.	Expiration Date		
Cardholder (Print Name)	Sigr	nature	

Thank you for joining BWE