



CORPORATE MEMBERSHIP APPLICATION

Please answer all questions as completely as possible.
If a particular question does not apply to your business operation, write "N/A" (not applicable) in the space provided.

SECTION 1: COMPANY PROFILE

COMPANY _____ CONTACT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____

WEBSITE ADDRESS _____ E-MAIL ADDRESS _____

FEIN _____ DUN & BRADSTREET NUMBER _____

PARENT COMPANY _____

STREET ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP CODE _____

NUMBER OF EMPLOYEES _____ YEAR BUSINESS ESTABLISHED _____ YEAR SUPPLIER DIVERSITY PROGRAM ESTABLISHED _____

IN THE SPACE BELOW, PLEASE GIVE A CONCISE DESCRIPTION OF YOUR COMPANY'S PRODUCT(S) OR SERVICE(S). IF YOUR COMPANY OFFERS MORE THAN ONE PRODUCT/SERVICE, LIST PRIMARY PRODUCT/SERVICE FIRST. USE ADDITIONAL PAPER IF NECESSARY AND ATTACH IT TO THIS FORM.

LIST TOP THREE EXECUTIVES IN THE COMPANY AND THEIR TITLES:

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

PLEASE LIST YOUR EARNINGS FOR THE LAST TWO YEARS. IF LESS THAN ONE YEAR, PROVIDE YEAR-TO-DATE EARNINGS.

YEAR ENDING EARNINGS | YEAR ENDING EARNINGS

WHAT WAS YOUR MBE SPEND FOR THE PAST TWO YEARS? IF LESS THAN ONE YEAR, PROVIDE YEAR-TO-DATE SPENDING.

YEAR ENDING MBE SPEND | YEAR ENDING MBE SPEND

HOW DID YOU HEAR ABOUT ChicagoMSDC?

EVENT OR PRESENTATION CORPORATE MEMBER SOCIAL MEDIA OTHER _____

SECTION 2: REFERENCES

PLEASE PROVIDE ONE CURRENT CUSTOMER REFERENCE AND TWO MBE REFERENCES:

CUSTOMER CONTACT TITLE

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE E-MAIL

PRODUCT/SERVICE DOLLAR VOLUME

MBE #1 CONTACT TITLE

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE E-MAIL

PRODUCT/SERVICE SPEND WITH MBE LAST YEAR

COMPANY #2 CONTACT TITLE

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE E-MAIL

PRODUCT/SERVICE SPEND WITH MBE LAST YEAR

..... TO BE COMPLETED BY ChicagoMSDC STAFF

NAME TITLE

E-MAIL PHONE FAX



PAYMENT AUTHORIZATION FORM

TODAY'S DATE

CREDIT CARD INFORMATION

- AMERICAN EXPRESS DINERS CLUB/CARTE BLANCHE DISCOVER
 MASTER CARD VISA

COMPANY CONTACT

BILLING ADDRESS

CITY STATE ZIP CODE

TELEPHONE E-MAIL ADDRESS

CREDIT CARD NUMBER EXPIRATION DATE VERIFICATION CODE

CARDHOLDER'S SIGNATURE *(ChicagoMSDC will not process payment without cardholder's signature)*

CARDHOLDER'S NAME (TYPED/PRINTED)

ENCLOSED, PLEASE FIND MY CHECK FOR \$ _____ PAYABLE TO ChicagoMSDC.

RETURN TO:

ChicagoMSDC
105 W. Adams Street
Suite 2300
Chicago, IL 60603
Attn: Finance Department

FAX: 312-755-8892
E-MAIL: PBARREDA@ChicagoMSDC.ORG

If you have any questions, please contact ChicagoMSDC at 312-755-8880.