



Creating Opportunities...Recognizing Excellence

## CORPORATE MEMBERSHIP PLEDGE FORM

### Company Information:

Company Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*Both Primary and Secondary Contacts will receive the monthly e-President's Report**

Who should be listed in the online WBENCLink database accessed by all WBEs?

(Please circle) **Primary Contact** **Secondary Contact** **Other**

*If other, please complete the following:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Indicate preferred WBENCLink Password:** \_\_\_\_\_

---

### Online Information:

Website Address: \_\_\_\_\_ May WBENC Hyperlink to your site? \_\_\_\_

Contact for website information and logo usage: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Will you link WBENC to your supplier information page at your website? Yes \_\_\_\_ No \_\_\_\_

---

### WBENC Affiliations:

Select any WBENC affiliate organization of which you are currently a member:

- |  |   |
|--|---|
| <input type="checkbox"/> Astra Women's Business Alliance               | <input type="checkbox"/> Women's Business Development Center – Florida      |
| <input type="checkbox"/> Center for Women & Enterprise                 | <input type="checkbox"/> Women's Business Development Center – Philadelphia |
| <input type="checkbox"/> Georgia Women's Business Council              | <input type="checkbox"/> Women's Business Enterprise Alliance               |
| <input type="checkbox"/> Michigan Women's Business Council             | <input type="checkbox"/> Southeast Region                                   |
| <input type="checkbox"/> Women Presidents' Educational Organization/DC | <input type="checkbox"/> Women's Business Enterprise Council-West           |
| <input type="checkbox"/> Women Presidents' Educational Organization/NY |   |
| <input type="checkbox"/> Women's Business Council – Southwest          |   |
| <input type="checkbox"/> Women's Business Enterprise Council-South     |   |
| <input type="checkbox"/> Women's Business Development Center – Chicago |   |

**MEMBERSHIP FORM CONTINUED**

**Other Information:**

Do you currently have a supplier diversity program for women-owned business? Yes \_\_\_\_ No \_\_\_\_

If you answer "No," what is your planned implementation schedule? \_\_\_\_\_

If you answered "Yes," do you...

.... Require third-party certification? Yes \_\_\_\_ No \_\_\_\_

.....Accept WBENC certification? Yes \_\_\_\_ No \_\_\_\_

.....Accept other certifications for WBEs? Yes \_\_\_\_ No \_\_\_\_

Can you provide in-kind support to WBENC? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

**Company Information Continued:**

Industry: \_\_\_\_\_ Products Produced: \_\_\_\_\_

Products Purchased: \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_  
 \_\_\_\_\_

**Dues Structure:**

Annual Revenues	WBENC Dues		
<\$1B	\$6,000	\$13 - 24.9B	\$15,000
\$1 - 5.9B	\$8,000	\$25 - 34.9B	\$20,000
\$6 - 12.9B	\$10,000	\$35-69.9B	\$25,000
		\$70B+	\$30,000

\*Non-Profits & Government Agencies are \$2,500 per year

I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED A COMMITMENT AND THAT MY CORPORATION WILL START RECEIVING MEMBERSHIP BENEFITS ACCORDING TO THE DATE MY APPLICATION IS RECEIVED.




AUTHORIZING SIGNATURE: \_\_\_\_\_

**Payment Information:**

Company's annual revenues (based on most recent reported year): Revenues \_\_\_\_\_ Year \_\_\_\_\_

WBENC Annual Dues (Amount): \_\_\_\_\_

Please invoice my corporation (Invoices are pro-rated by quarter to the end of the year.)

Charge to my:      

Credit Card No: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

Signature Authorizing Charge: \_\_\_\_\_

Thank you for joining WBENC! If you have any questions, please call Kim Jones, Manager of Member Services, 202.872.5515, x: 8001 or [kjones@wbenc.org](mailto:kjones@wbenc.org). Please fax the completed form to 202.330.5402.