



2021 CORPORATE MEMBERSHIP PLEDGE FORM

DATE:

Company Name:

Address:

City:

State:

Zip:

Primary Contact Name:

Title:

Phone:

Email:

Secondary Contact Name:

Title:

Phone:

Email:

*Both Primary and Secondary Contacts will receive WBENC emails; you may opt out at any time.

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

If other, please complete the following:

Name:

Title:

Phone:

Email:

Member Profile & Online Information

Member Website URL:

Will you link to WBENC.org from your supplier diversity website?

Supplier Diversity Website URL:

Contact for logo usage:

Name:

Email:

May we feature public information from your website to describe your company on our website?

WBENC Affiliations

Check any and all WBENC affiliate organizations of which you are currently a member:

Center for Women & Enterprise

Great Lakes Women's Business Council

Greater Women's Business Council

Women's Business Enterprise Council Ohio River Valley

Women's Business Development Center - Midwest

Women's Business Enterprise Council Florida

Women's Business Council Southwest

Women's Business Enterprise Alliance

Women's Business Enterprise Center East

Women's Business Enterprise Council - Pacific

Women's Business Enterprise Council South

Women's Business Enterprise Council - West

Women's Business Enterprise Council Metro NY

Women's Business Enterprise Council Greater DMV

WEConnect International

FOR ACCOUNTING PURPOSES ONLY

Accounting code: 4000-500-50



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Supplier Diversity Initiatives

Do you currently have a supplier diversity program that includes women-owned businesses?

If no, what is your planned implementation schedule? If yes, do you...

.... Require third-party certification?

Best Description of Organization's Industry:

.....Accept WBENC certification?

Products/Services Produced or Provided:

.....Accept other certifications for WBEs?

How did you hear about WBENC?

Primary Products/Services Purchased:

Table with 2 columns: Annual Revenues, WBENC Dues. It shows two side-by-side tables mapping revenue ranges to dues amounts.

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:

*Company's Annual Revenues (most recent reported year, not a range):

Revenues: \$ Year:

2021 Annual Dues Payment

WBENC Annual Dues: Dues are pro-rated by quarter to the end of the year

Billing Address is the same as Primary Address previously listed

If not, please provide:

Please invoice my corporation

Purchase Order Number (if applicable):

Please call to collect credit card info

Phone number to call:

Return form via email to either of the following:

Mia M. Delano, Executive Lead, Development 202-315-1501

mdelano@wbenc.org

Jillian Schneeberger, Sr. Director of Development 202-315-1483

jschneeberger@wbenc.org

Application must be completed in full for processing.

Thank you for joining WBENC!

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