

CORPORATE MEMBERSHIP APPLICATION

Firm Name:

We support Southern California Minority Business Development Council (SCMBDC) activities and hereby apply for SCMBDC corporate membership.

Designated Firm Representative Name:

Representative Title:

Address 1:

Address 2:

City:	State:	Zip:
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Telephone:	Fax:
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Email:	Website:
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Product/Service Description:

North American Classification Code(s) (NAICS):

Annual Membership Fee: \$5,000 payable upon receipt of invoice from SCMBDC.

Thank you for your membership and welcome to SCMBDC. Upon receipt of your completed application, we will notify you to schedule an in-person orientation of SCMBDC programs and Services, and to learn about your expectations as an SCMBDC corporate member.

Please print and mail or fax your application to:

**SCMBDC
 800 West 6th Street, Suite 850
 Los Angeles, CA 90017-2711**



An affiliate of National Minority Supplier Development Council, Inc.