



BIG BEND MINORITY CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

Official Use Only

Date Received _____

Check # _____

Membership Dues

Category	Fee
<input type="checkbox"/> Student	\$25
<input type="checkbox"/> Individual	\$100
<input type="checkbox"/> Business (1-9 employees)	\$185
<input type="checkbox"/> Business (10-40 employees)	\$250
<input type="checkbox"/> Business (40+ employees)	\$500
<input type="checkbox"/> Non-profit Organization	\$250
<input type="checkbox"/> Government	\$500

Business Industry (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Legal Service |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Moving & Storage |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Oil & Gas |
| <input type="checkbox"/> Architects & Planning | <input type="checkbox"/> Parking & Valet Services |
| <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Professional & Technical Services |
| <input type="checkbox"/> Banks, Finance & Insurance | <input type="checkbox"/> Real Estate Services |
| <input type="checkbox"/> Community & Civic Organizations/Non-profit | <input type="checkbox"/> Restaurant, Food & Beverage |
| <input type="checkbox"/> Construction & Equipment | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Transportation & Warehousing |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Waste Management & Remediation Services |
| <input type="checkbox"/> Government & Education | <input type="checkbox"/> Other |
| <input type="checkbox"/> Healthcare & Assistance | |
| <input type="checkbox"/> Information Technology | |

Please provide a concise description of your business. Attach a sheet if necessary.

Minority Classification (Check all that apply)

- African American/Black Hispanic/Latino Asian
- Native Hawaiian/Pacific Islander American Indian
- Female Other

Contact Person _____

Title _____

Company/Organization Name _____

Address _____

City _____

State _____

Zip _____

Office Phone _____

Email _____

Website _____

Primary County of Business: (Check all that apply)

- Franklin Gadsden Jefferson Leon Wakulla

Interested Programs: (Check all that apply)

- Women's Business Council Construction Council
- Young Entrepreneurs Council Hispanic Council

Certifications (If applicable)	Certifying Entity	Date Certified	Expiration Date
DBE			
MBE			
WBE			
HUB ZONE			
SBA8(a)			
Disabled Veteran			
Other			

Advertise your business logo at mybbmc.org

- 1 Month \$60
- 6 Months \$300
- 12 Months \$450

Total Amount Enclosed: _____

Make check or money order payable to: **Big Bend Minority Chamber of Commerce**

Signature _____