



2009-2010 Membership Application / Invoice

Please Type or Print

First Name: _____ MI _____ Last Name: _____
 _____ : _____

Title: _____

Agency/Organization: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

State Courier#: _____

Office Phone: _____ Fax: _____ E-mail: _____

Website: _____ Name of Voting Member _____
 _____ (One per Organization) _____

Area of Specialization: _____

All Memberships Expire on June 30, 2010

AGENCY/ BUSINESS					
Payment Date	Annual Membership Fee				
2009 – 2010	1 Person	2-4 Persons	5-7 Persons	8-10 Persons	10 + Persons
July - June, 2009	\$150	\$300	\$400	\$550	\$650
January – June, 2010*	\$75	\$150	\$200	\$275	\$325
CORPORATE					
Payment Date	Annual Membership Fee				
2009 – 2010	1 Person	2 Persons	3 Persons	4 Persons	5 Persons
July - June, 2009	\$250	\$500	\$750	\$1,000	\$1,250
January – June, 2010*	\$125	\$250	\$375	\$500	\$625

* Reduced rate applicable to new memberships only.

Please fill the Payment Date, Number (#) of Persons in each Category and Dollar (\$) amount listed below.

Membership Payment Date :					
Agency		Business		Corporate	
Annual Membership:					
			New	Renewal	
			\$	\$	

Make Checks Payable To & Remit:
N.C. M/WBE Coordinators' Network
 C/O Mathew P. Idiculla
 Post Office Box 1856
 Raleigh, NC 27602
 Email: treasurer@mwbecoordinators.org

Office Use Only:
Treasurer Rec'd: _____
Amount Rec'd: _____
Membership Rec'd: _____

