



Corporate Partner Membership Application

Please complete this application & return with Membership Dues to the address below.

Corporate Headquarters*

Company _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Website Address _____

*This address will be listed in our Annual Directory.

Primary Representative

Name _____
 Title _____
 Address (if different) _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Corporate Information

Total # of Employees: _____
 Total Annual Revenues: _____
 Total # of Locations: _____

% of Expenditures to WBE's

We encourage our Corporate Partners to do business with Women Business Enterprises (WBE's).

Please tell us:

a) If you have a formal plan for targeting WBE's for purchasing and contracts: YES _____ NO _____

b) If "yes" what percentage of expenditures do you target for WBE's?: _____

Company Profile

Please provide a brief description of your company for the **Chicago NAWBO Directory**:

Annual Dues Structure (choose one level):

____ Premier Level	\$30,000	12 Corporate Partner Contacts
____ Platinum Level	\$20,000	10 Corporate Partner Contacts
____ Executive Level	\$15,000	7 Corporate Partner Contacts
____ Mentor Level	\$10,000	5 Corporate Partner Contacts
____ Leader Level	\$7,500	4 Corporate Partner Contacts
____ Champion Level	\$5,000	3 Corporate Partner Contacts

Please list additional Corporate Contacts on following page
(Next Page)

Other Representatives...

Name _____
Title _____
Address (if different) _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Name _____
Title _____
Address (if different) _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Name _____
Title _____
Address (if different) _____
City _____ State _____ Zip _____
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