



Md. Washington
Minority Companies Association
Connecting Large & Small Businesses to Work Together

Small Business Membership Application Form

Please mail, email, or fax this application to:

MWMCA, P.O. Box 29602, Baltimore, Maryland 21216

Telephone: 443-759-8580 • Fax: 888-609-8318

E-mail: info@mwmca.org ; Web site: www.mwmca.org

Company Name: _____

Owner's Name & Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from firm's address): _____

City: _____ State: _____ Zip Code: _____

Company Representative's Name & Title:

E-mail address: _____

Website URL: _____

Telephone Number: _____ Ext.: _____ Fax Number: _____

Cell Number (Optional): _____

Number of Years in Business: _____ Number of Employees: _____ Union ____ Yes ____ No

Do you oppose your company's name in our marketing material? ____ Yes ____ No

If you would like your company's logo to appear in your member profile, please e-mail the logo to info@mwmca.org . Acceptable File Formats: jpeg (.jpg); tif (.tiff); .psd (Adobe Photoshop); .gif; .eps; .png; .pdf

What is your business type? (Check all that applies)

Service Provider Supplier Professional Services

Construction Company

Please check (✓) all Construction Division(s) that apply to your company:

- Division 01 — General Requirements
- Division 02 — Site Construction
- Division 03 — Concrete
- Division 04 — Masonry
- Division 05 — Metals
- Division 06 — Wood and Plastics
- Division 07 — Thermal and Moisture Protection
- Division 08 — Doors and Windows
- Division 09 — Finishes
- Division 10 — Specialties
- Division 11 — Equipment
- Division 12 — Furnishings
- Division 13 — Special Construction
- Division 14 — Conveying Systems
- Division 15 — Mechanical
- Division 16 — Electrical

Describe all types of work, services, or products performed/provided by your firm:

Business Annual Gross Revenue: \$ _____

Minority Status (**Check all that applies and specify the one descriptor that describes your company best**):

- African American Alaska Native Corporation Asian American Pacific
- Hispanic American Asian American Sub-Continent Native American
- Service Disabled Veteran Veteran Female Non-Profit
- Disadvantaged Business Enterprise Airport Concessions Disadvantage Business Enterprise
- HUB Zone

License(s):

Certification(s):

Prequalification(s):

Professional Affiliation(s):

NAICS Code Number(s) (Optional):

Bonding Capacity (Optional):

Insurance Limit (Optional):

What are some of the companies/governmental agencies that you've **never** done business with, but **would like** to do business with in the near future?

Which companies/governmental agencies are you **currently** doing business with, but would **like to further** your business relationship with?

Any Additional Notes (Optional):

Yes! We are interested in:

Affiliate Membership

Associate Membership

Corporate Membership

I understand that my membership is considered a one (1) year commitment. Membership benefits will begin according to the date my application is received.

Authorizing Signature: _____ Date: _____

___ **Please invoice my company/organization**

___ **Charge my membership to:**



Credit Card Number: _____ **Expiration:** _____

Name on the card: _____ **Zip Code associated with C/C:** _____

Signature Authorizing Charge: _____ **Date:** _____

Thank you for becoming a MWMCA small business member! Details on membership fees will be provided upon completion of this form. For more information and/or details, please call 443-759-8580 or email info@mwmca.org.